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ABSTRACT OF AN ADDRESS

*Delivered before the Sacramento Society for Medical Improvement
March, 1889.*

By J. R. LAINE, M. D., President, Sacramento.

The speaker, having reviewed the work of the Society during the past year, and having enumerated the papers read, and the gains and losses in membership, said that the attendance at the meetings had been fully up to the average, and that the papers presented ranked with any that he had listened to during the several years that he had been a member. We could only regret that members had seen fit to resign from the Society, but had no right to question the motives that led to such a course. We could, however, rest satisfied that the burden of loss was less with the Society than with those who had severed their connection with it. No puny arm can stay the march of destiny; no art arrest the ravages of time, and to no one man or society is given a monopoly of ideas. There are always enough officers in an army, but it often lacks men. There are plenty of guests to join in the feast, but good cooks are sadly lacking. In societies like ours there attaches the greater value to the unpretentious but prompt working member. We are not all endowed by nature with that Utopian combination, a strong physique, a sensitive spirit and a passion for scientific exactitude. We are at best plagiarists in our art, and yet we all aspire to something better and greater, and this Society was organized more than a quarter of a century ago for the purpose of accumulating data and recording facts that might otherwise be lost to the human race. If its existence has been the means of lessening human suffering, or of saving one life, will not the least enthusiastic votary of our art accord all honor to those who organized it, and with untiring devotion have been its fast friends and members until stricken down while still armed with its precepts and wearing its livery?

To the new members I would say, your trials have only just begun. You will often feel as if you were in a hopeless minority. The true spirit of our membership is not to divide into cliques and coteries. But the physician can no more rise above the weaknesses of the human family than can those who profess greater moral excellence. The instinct that leads to retaliation and reprisal is as strong in us as it is in the merchant or the soldier. We will not always agree, and if we did, the knell of all future exploration in our art and its associate sciences would be that moment sounded. Whatever differences may arise, it is the part of wis-

dom to keep alive the spark that animates and enlivens free discussion in matters that tend towards the cultivation of the intellect, and to a graceful rounding of our professional attainments.

What can I say for the dead? What is ever said, but to hold up to the light their virtues and to bury and cover with the white mantle of human charity all that was frail and ignoble. What we do for the departed some one will do for us. In how few instances is the self sacrificing spirit of the physician ever mentioned? To have adhered to the honorable practice of his profession for more than thirty years; to have steered clear of all the rocks and shoals that lead to dishonorable practice; to have been honored in this and the State organizations; to have been a respected citizen, a fond husband and an indulgent father; to have died in his own bed, full of years, surrounded by a devoted family, and attended by his late associates; is not this the close of a successful professional life? Tell me, those of you who have had the temerity to tremblingly lift a corner of the curtain that hides your last day upon earth, did you see any more glorious ending for yourself? I fear not. Then let a clean record and an honorable death be deemed ample evidence of an honorable and successful professional career.

In conclusion, the speaker thanked the Society for the honor done him, when selected as its president. He had endeavored to fulfil the responsibilities of the office to the best of his ability, and the recollection of his tenure would always be pleasurable. He wished the Society an enduring and successful career.

A CASE OF PERITYPHLITIS.

By HAMILTON STILLSON, M. A., M. D., PH. D., Red Bluff, Cal.

In September, 1885, O. S——, æt. 18 years, accidentally swallowed a peach kernel at Red Bluff, Cal. After a two-weeks' horse-back ride in the mountains, accompanied by his mother, he started for his home in Washington, D. C. At Rocklin, Cal., he was attacked by typhlitis. He was treated for this trouble by various physicians *en route*, and upon his arrival at Washington was attended by four of that city's best physicians. In about four weeks the inflammation subsided, leaving an induration in the right inguinal region as large as a small orange. This induration has varied in size during the last three years, at times being hardly perceptible. Starting in the induration five attacks of peritonitis have occurred within this period, the last and fatal attack occurring Sunday, April 28th, and ending Friday, May 3d, 1889.

The patient was as well as usual at 11 o'clock Saturday night on retiring. At 2 o'clock in the morning he was in great agony, cold and almost pulseless. The heart was irregular, intermittent,

very feeble, beating 140 a minute. The temperature at 9 A. M. was 100° F. The treatment in the main was, opiates, turpentine stupes, hot formentations and blisters. His condition improved till Wednesday morning, when the pulse was 112 and the temperature 99.4°. At noon Wednesday he vomited the "Paris-green" vomit of peritonitis, and later in the evening the vomiting was of an undoubtedly stercoraceous character, the pulse came up to 140, temperature 102°. This condition remained nearly stationary till Thursday night, when the symptoms grew worse, and he died Friday morning at 9 o'clock. Tympanites was at no time a prominent symptom.

Dr. G. W. Westlake, the physician in charge of the case, called the physicians of the town to assist in the autopsy. The abdomen presented no external appearance of inflammation or swelling. Upon making the incision down the linea alba, the entire abdominal cavity was at once seen to be laved in pus and intestinal egesta. The omentum was greatly thickened and adherent at two or three places in front, while in the right inguinal region extensive bands of adhesion were found binding the cecum and lower portion of ascending colon to the neighboring small intestines to the bladder and to the right innominate bone and abdominal wall in front. The intestines throughout were much congested, and in the right inguinal region their walls were greatly thickened. About one inch above the ileo-colic valve, and at the juncture of the outer and anterior aspect, an opening was found irregular in shape and large enough to freely admit the thumb into the large intestine. The ileo-colic valve was found congested and thickened, as were also the cecum and colon. The appendix seemed not greatly involved. It was empty and its entrance but slightly pervious. No peach kernel or other foreign body, save the chyle, was found in this region. While thorough search was made for it in the abdominal cavity, the intestines were not examined with great scrutiny.

Two or three opinions were expressed as to the cause of all the phenomena—one being that the jolting of the horseback ride in the mountains had caused the peach kernel to inflame the part, producing an ulcer, which had left a small perforation of the bowel, large enough to permit the escape of flatus, but not of feces, until the last attack, when the opening had increased in size. Pancoast, of Philadelphia, had believed the induration to be due to the thick-

ening of the walls of the appendix, in which the peach kernel had lodged. Lane, of San Francisco, had expressed a somewhat similar opinion, but demanded an exploratory incision before giving his final decision. Yet the appendix was small, not over one and a half inches long, and about the size and shape of an almond.

**RESECTION OF THE HIP JOINT FOR DISEASE OF
TWENTY-SEVEN YEARS' STANDING.**

By W. R. CLUNESS, M. A. M. D., Sacramento, Cal.

Read before the Sacramento Society for Medical Improvement.

The following case is reported as being of interest, from the apparent connection between the disease for which the operation was undertaken, and the original injury received so many years previously:

Joseph Dusang, æt. 48, a native of Delaware county, Indiana, was reared on a farm and followed agricultural pursuits until the breaking out of the civil war, when, in July, 1861, he joined a company, then being organized in his neighborhood, and which was mustered in as Company E, 19th Indiana Regiment. His regiment was in active service, participating in several important engagements, until the spring of 1862. In the movement to the Rapahannock the regiment made an all-night march, and at day-break had stopped for breakfast. While thus engaged, Mr. Dusang was sitting on the ground with his mess, when a six-horse government freight-team was seen to be running away and making directly for the point they occupied. He started to get out of the way, with the rest, but was too late, and just as he was rising the frightened horses plunged past, one of the wheels of the heavy wagon striking him fairly on the left hip. He was thrown some distance and stunned by the concussion. Though disabled for a month he hoped, as the bone was not broken, that the injury received would not prove serious. The flesh bruise healed so satisfactorily that within four weeks he was considered fit for duty. In the battle of Antietam he went into action with his command at 6 A. M., August 17th, and about the middle of the afternoon received a gunshot wound in the right forearm, totally disabling him. He was sent to the hospital at Fredericktown, and from there was honorably discharged, for disability, December 13, 1862, the very day on which he reached his majority. He went home,

to Indiana, and remained there until 1868, but the injuries to his arm and leg rendered him unfit for the employment to which he had been accustomed.

In the year mentioned he removed to the Pacific Coast, and located at White Pine, Nevada, where he engaged in teaming. He changed this employment for herding cattle, and while thus engaged frequently observed that there was some trouble with the leg which had been injured in the service. This trouble, however, was temporarily overshadowed by the condition of his wounded arm, which became so bad that he was compelled to seek surgical aid. He came to Sacramento and placed himself under my care, remaining for two months. About an inch of the radius, near its middle, was excised, and the wound having nearly healed, he returned to Nevada, making Battle Mountain his home. There an accident occurred which again reminded him more forcibly than ever of the condition of his leg, though he did not even then know that the bone had been injured in a manner far different, while far worse, than fracture.

While engaged one day in boring an artesian well, the lever, suddenly becoming released, came in contact with his hip at about the same place where it had been struck by the wagon wheel while in the army. This time, however, the immediate disability was longer than before, and it was six weeks before the result of the aggravation of the old trouble had disappeared. The limb was then left in about the same condition as before, that is, liable to pain when touched or tired. He had been engaged for years in riding, in connection with the stock business, but eventually gave up that pursuit. The trouble culminated, however, on the 10th of August, 1888. While mowing in a field, he experienced a severe pain in the region of the left hip, which rapidly grew worse, so that it was found necessary to carry him home. From that time he has been confined to his bed, and until the 8th of January last was under the care of Dr. W. H. Hood, of Battle Mountain.

The doctor has kindly furnished me with elaborate notes of the case, from which I extract the following: About August 10, 1888, Mr. Dusang, who had been for some time unused to manual labor, was engaged in mowing. August 13th, he was seized, quite suddenly, with severe pain in the left limb, confined to the distribution of the anterior crural nerve. I regarded this as due to the jarring of the machine and to exposure and lying on the damp

ground. The pain was very severe, large doses of morphine hypodermically being required to procure relief. The symptoms continued, and towards the end of August the pain was also referred to the distribution of the sciatic nerve; this, however, was only temporary. About the 15th of September it was evident that there was an affection of the hip joint, and Dr. Meiggs, of Elko, who saw the case with me, agreed that the trouble was rather in the tissues surrounding the articulation. Traction on the limb in any direction increased the pain. Percussion of the foot was not more painful than traction. Rotation of the limb was more painful than any other movement. The limb gradually became rotated inward, and any movement was painful. Repeated measurements showed that the limbs were of equal length. Toward the latter part of November there appeared to be a subluxation of the joint, but the excessive pain produced by any examination prevented a positive diagnosis; there was also some indication of pus formation, but exploratory punctures with the aspirator needle did not reveal its presence. The doctor states that his brother, who had been left in charge of the case during his absence from Battle Mountain, subsequently removed 12 oz. of pus from the outer side of the thigh by the aspirator.

Upon the patient's arrival in Sacramento, January 8th, the affected limb was found inverted and at right angles with the opposite extremity. There was no shortening, nor was he suffering severely. Temperature 101° F., pulse 90. An accumulation of fluid being evidently present, an incision at its most dependent point—the inferior and external border of the tensor vaginae femoris muscle—evacuated about 12 oz. of laudable pus. Considerable relief having been experienced, no further interference was attempted until February 2nd, by which time it became apparent that pus was being retained in and about the joint. A free incision was then made at the posterior border of the trochanter major, evacuating about four ounces of pus, mixed with detritus. Necrosed bone could easily be felt by means of the probe and finger, yet it was hoped that the free drainage established would bring about relief without further surgical interference.

By the 15th of March, however, it became apparent that the head and neck of the bone were so extensively diseased as to necessitate their removal. Accordingly, under ether the joint was exposed by a straight incision along the posterior border of the

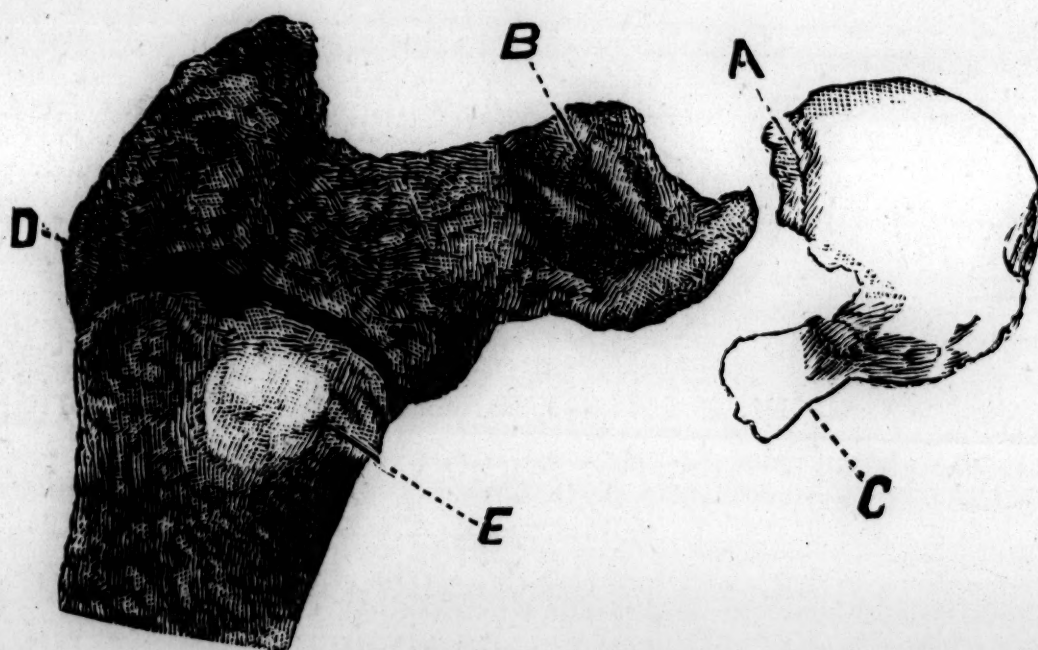
trochanter major, from the inferior end of which another incision was carried upwards and forwards, making a V shaped flap. The tissues were thickened and infiltrated, and were with difficulty separated from the bone. The limb was rotated inwards and adducted, when a distinct snap was heard, and it was found that the head of the femur had separated from the neck, remaining in the acetabulum. A chain saw was passed and the bone divided immediately below the great trochanter (at D). An examination of the section, and of the shaft, showed that it was denuded of periosteum. The bone was accordingly cleared of the soft tissues for some distance and $1\frac{1}{2}$ inches more were removed, the section showing a healthy surface. The head of the femur was next lifted out of the acetabulum, in which it had been lying unattached, and the whole cavity of the joint was found to be extensively necrosed. This was thoroughly curetted with a Volkman's spoon. The wound was then irrigated with a 1:1000 bichloride solution, closed and dressed antiseptically, a large drainage tube being inserted. The hemorrhage throughout was comparatively slight, nothing requiring a ligature being divided. Owing to the amount of bone removed it was deemed unnecessary to apply extension, and the limb was accordingly firmly secured with sand bags.

The dressing was removed on the fourth day; the discharge was inconsiderable and odorless, the wound looking well. It was subsequently dressed daily, a 1:1000 solution of the bichloride being used to thoroughly irrigate the wound previous to the reapplication of the Lister's antiseptic gauze and carbolized absorbent cotton. The sutures were removed on the eighth day, the wound having healed throughout, except where the drainage tube was inserted. The drainage tube was gradually shortened as the wound granulated from the bottom, and was finally removed April 15th. At this date (May 15th) the patient is walking about his room on crutches, the wound having almost entirely healed. He experiences no pain whatever, and there is undoubtedly a firm ligamentous attachment forming between the head of the bone and the acetabulum.

In view of the amount of bone which it was found necessary to remove, it may be asked: Why was amputation not performed? To this I reply, firstly, because the patient would not submit to such an expedient until all other efforts to save the limb had failed; and, secondly, because there appearing a reasonable hope

that the limb could be saved; it was believed that it would prove very useful even if five inches shorter than its fellow. Considering the ingenuity displayed by the manufacturers of mechanical appliances and the result of the operation, there can be no doubt of the wisdom of the course adopted.

This case has been brought to the notice of the Society for the special purpose of obtaining the opinion of its members regarding the probable cause of the trouble which has culminated as reported. To my mind it is clear that the injury sustained in the spring of 1862, while Mr. Dusang was on the forced march to the Rappahannock, was the primary cause thereof; for although he was considered fit for duty in a month, and although he subsequently sustained an injury which may have aggravated the trouble in the head of the femur, yet at no time since the original injury had he been free from pain therein or of evidence of progressive disease in the neighborhood of the joint.



A—On head of femur, showing line of separation. B—Irregular cavity on neck (posterior surface), into which the head fitted. C—Point of final attachment, fractured during operation. D—On great trochanter, over first line of section. E—Lesser trochanter, on portion subsequently removed.

Some idea of the condition of the bone removed can be obtained from the accompanying engraving, showing the fragments in their normal relation, but slightly separated. The neck and trochanters have been greatly enlarged and roughened, giving abundant evidence of prolonged inflammatory action. The head of the bone had undoubtedly been split longitudinally throughout its entire length, as will be observed from an examination of the two segments, neither portion, however, having been completely separated from its attachment to the neck of the femur.

1029 Second street.

MEMORANDA.

Suture of the Extensor Tendons of the Fingers.

A. B—, a miner, æt. 28, was struck on the dorsum of the right hand by a sharp rock, and sustained a transverse wound about one inch in length, with complete division of the tendon of the extensor indicis and the first two divisions of the extensor communis. On account of the retraction of the proximal portion of the tendons, it was necessary to make an incision one inch in length in the axis of the divided cords. The severed ends were united by catgut sutures, the wound carefully dressed with antiseptic precautions, and the hand placed on an anterior splint. Ten days later it was found that, while the power of extension in the distal and middle phalanges was good, there was little control over the proximal phalanges, and that the fingers could not be extended independently. At the end of six weeks from the receipt of the injury, separate and conjoined movements of both fingers were perfect.

Gunshot Wound of the Forearm, with Fracture of the Radius.

G. B—, a young rancher, while jumping from a wagon with a loaded musket in his left hand, received a No. 52 calibre bullet in the right forearm. The ball entered posteriorly about three inches below the elbow joint, and passed upward and outward, shattering the radius badly, and leaving a large ragged wound at the point of exit. The injured man was compelled to ride about fifty miles before receiving surgical assistance, and during that time lost a considerable quantity of blood. Seven fragments of bone were removed from the wound, drainage tubes inserted, antiseptic dressings applied, and the arm placed on a posterior elbow splint of tin. The patient made an uninterrupted recovery. At the end of four weeks the wound had healed firmly, and the bone was rapidly uniting. The splint was allowed to remain in place about a month longer, as a precautionary measure, careful movements of flexion and rotation being made at intervals. At the date of writing, four months from the receipt of the injury, patient informs me that he is able to do all kinds of work with this arm; and, aside from a slight stiffness of the fingers, all of its functions are perfect.

Tuscarora, Nev.

A. B. MCKEE.

**REPORTS FROM THE HOSPITALS AND ASYLUMS
OF THE PACIFIC COAST.**

SAN FRANCISCO POLICLINIC.

UNDER THE CARE OF J. H. STALLARD, M. D.

[Reported by ST. GEORGE GRAY, M. B. (Dubl.)]

Obesity.

H. K—, æt. 59, waiter; admitted March 26, 1889. Complains of pain in the left cardiac region, aggravated by the least exertion, with distressing palpitation and dyspnea; very despondent; has a large family dependent on him, and the restaurant keepers refuse to employ him.

Height, 5 feet 4 inches; weight 199½ pounds. Heart sounds normal; second sound slightly accentuated. Ordered to have three meals daily, consisting exclusively of meat, which is to be fat and lean, with no limit as to quantity. To take at least two quarts of hot water in the day—hot water to be taken before and after eating. No other food whatever. No medicine prescribed. April 2d—Has lost 4½ pounds in weight and feels "50 per cent. better." Walked up Union street without difficulty. April 9th—Has lost 8 pounds since last visit; feels "100 per cent. better." The pain in the left side is nearly gone, and the palpitation and dyspnea have ceased to trouble him. April 16th—Weight 175 pounds. Diet has been relaxed, as he now feels quite well. *Remarks by Dr. Stallard:* This seems to be a safe and most efficient method of reducing weight. This man's loss was chiefly in the abdomen, the girth being less by ten inches. The diet may be varied by substituting fish for one of the daily meals, and a little whiskey or wine may be added to the water if necessary. After 14 days it may be desirable to make slight changes. It is necessary to prescribe an abundance of hot water, and in some cases it is well to give a dose of sodium bicarbonate twice a day. This treatment would seem to give the liver a period of comparative rest, as the main products of digestion certainly pass directly into the circulation through the thoracic duct. The large quantity of water cannot greatly increase the absorption of nutritive materials, whilst it certainly promotes change of tissue and the elimination of effete products.

UNDER THE CARE OF J. D. ARNOLD, M. D.

' Carcinoma of the Larynx.

Patrick C—, æt. 62, admitted under the care of Dr. Arnold March 25, 1889. Complained of hoarseness and loss of voice. Examination with the laryngoscope revealed a growth, the size of which could not be definitely ascertained, on the left side of the larynx. April 29th: After a preliminary tracheotomy, which was very difficult, on account of the depth of the trachea (the patient had a very short, thick neck), Dr. Arnold exposed the thyroid cartilage, and found that the growth had penetrated the crico-thyroid ligament. The thyroid cartilage was split in the median line, and the growth scraped from the larynx with a sharp spoon. April 30th: Temperature normal, respirations 28, swallowed with little difficulty. The wound was opened and the larynx again curetted, and a few ulcerating points touched with the Paquelin cautery. A portion of the tumor was examined before the operation with a microscope, and shown to be epithelial cancer, with "nest cells." May 2d: Died, fourth day after operation.

UNDER THE CARE OF M. REGENSBURGER, M. D.

Intra-Urethral Chancre.

Henry G—, æt. 18, butcher's boy, was admitted under the care of Dr. Martin Regensburger March 29, 1889. Has had a discharge from his penis for the last six weeks. Had illicit intercourse about two months ago, and noticed the discharge two weeks afterwards. About two weeks ago

noticed a swelling about the middle of the penis on the urethral side. Has never had much pain. *Present Condition:* There is a profuse watery discharge from the penis, of a dirty grey color. A lump of cartilaginous consistency, about the size of a nickel, can be felt two inches from the meatus urinarius. It is not very tender, and there is no inguinal swelling. A diagnosis of intra-urethral chancre was made. Ordered injections of corrosive sublimate, 1:2,500, and inunction of mercurial ointment. April 7th: Marked improvement. May 8th: The indurated swelling has disappeared, and the discharge from the urethra has ceased. Patient discharged apparently quite well.

GLEANINGS FROM THE SOCIETIES OF THE UNITED KINGDOM.

[COMPILED BY OUR LONDON CORRESPONDENT.]

Actinomycosis.

At a meeting of the Royal Medical and Chirurgical Society, on Feb. 12, 1889, Dr. R. Douglas Powell, Mr. R. J. Godlee and Mr. H. H. Taylor reported a case of actinomycosis hominis. The patient was a boy, aged 9 years; admitted into the Brompton Hospital for an insidious illness of four months' duration, attended with hectic symptoms, slight cough, and painful swellings on the right side of the chest. He was of somewhat tubercular family history, and the son of a dairyman. The symptoms present were irregular fever, emaciation, slight cough, attended with pain in the right chest. The following were the physical signs: Enlargement of right side, with local swellings, elastic and painful in the infra-mammary and lower postero-axillary regions, displacement of heart, complete dulness over lower two-thirds of the right chest, with annulled respiration and vocal fremitus and weakened voice sounds; a short *bruit* over the base of the heart; liver and spleen normal; slight enlargement of the glands in the right axilla and neck. Exploration for empyema proved fruitless, and subsequent incision into the lower swelling, which had become fluctuating, with further exploration of the pleural sac, resulted in the removal of some semi-solid matter mingled with blood, which, on examination, proved to be a degenerated tissue teeming with the ray fungus. The course of the disease was described, and the naked-eye and microscopical appearances were fully illustrated both in stained and unstained specimens—Professor E. M. Crookshank gave a morphological report of the actinomyces fungus obtained from the case. The supposed two varieties of fungus met with in man were demonstrated to be one and the same, and the appearances of the fungus in man and cattle were compared. Pure cultivations of the fungus taken from the wounds were shown, and the results of inoculation experiments were given. Mr. Godlee said that the peculiar position of the tumor had struck him soon after the boy was admitted into the hospital, and photographs had been taken of him which showed spinal curvature with convexity to the left. The vertebræ, he supposed, were giving way. Paracentesis had been

attempted under the hypothesis of empyema, which was held for some time, and it had done rather harm than good. The growth was extremely vascular, and, when a small portion of rib had been excised, he thought it was probable the boy would have died at once if they had not had at hand means for very quickly plugging the wound. The enlargement of the superficial veins round the tumor was remarkable, and indicated not only pressure on the azygos system, but also on the inferior and superior vena cava.

Raynaud's Disease.

At the meeting of the Clinical Society of London, on February 8th, 1889, Dr. Samuel West, of St. Bartholomew's Hospital, described a case of Raynaud's disease, with a peculiar eruption on the face, scaly at first, subsequently like erysipelas; death from pneumonia; autopsy negative. Dr. Barlow observed that the more they saw of Raynaud's disease, the more they saw that the term was very vague and comprehensive, and that it covered cases of very different symptoms. One of the common features of the disease was its being paroxysmal—that was essential; and, secondly, there was a chronic alteration of the skin. It was unsatisfactory to discuss skin diseases without seeing the case; but the drawings certainly pointed to some amount of chronic change, which had been designated *tâchetie*, and in which there was a certain amount of blood extravasation. Raynaud found altered blood pigment in such patches. In his (the speaker's) appendix to Reynaud's memoir he did not think he had given a sufficient account of the skin attack as described in a case by Dr. Case, which had been accompanied also by some nutritional changes in the eye. It was now fashionable in many cases to say there was peripheral neuritis; but in many such cases no peripheral neuritis had been found. The question, however, was as to the nature of the change.

Differential Diagnosis of Tuberculosis.

At the meeting of the Clinical Society of London, on February 22d, Dr. D. N. Finlay, of the Middlesex Hospital, gave notes of a case of tubercular disease in which inversion of the temperature curve was an important aid in diagnosis. The patient was a girl, aged 9 years. A brother had quite recently recovered from an attack of enteric fever, and the patient herself had been treated for enteric fever at another institution. The temperature curve showed, with only two or three exceptions, low evening and high morning readings; the former ranging from 96° to 98.4° F., the latter from 99° to 103.4° F. She died on the twenty-first day of her stay in the hospital. From the history and other points the first impression was that the case was one of relapse of enteric fever, but after a few days the diagnosis of tuberculosis was made, chiefly on account of the peculiarity in temperature first referred to. This conclusion was borne out by the *post-mortem* examination, tubercles being found in the peritoneum, lungs, pleura, pericardium, spleen and kidneys. There was also evidence in Peyer's patches of previous ulcers which had healed, and this, together with the history of the case, made it appear probable that a mild attack of enteric fever had preceded the development of general tuberculosis. The difficulty in diagnosis in some cases between tuberculosis

and enteric fever was referred to, and the opinion expressed that the inversion of the temperature curve was a point of great importance in differential diagnosis, especially where, as in the case related, it was so conspicuous and constant.

Laryngeal Polypi.

At a meeting of the Manchester Medical Society, on February 6th, Dr. Thomas Harris exhibited a woman, aged 43 years, who had suffered from almost complete aphonia since she was 13 years old. When she first came to Dr. Harris the larynx was nearly full of polypi, only a small aperture existing at the posterior part through which the patient could breathe. He had removed the greater number of the growths with laryngeal forceps, and purposed to destroy the two remaining growths with the galvanic cautery. Microscopical examination showed the growths to be simple papillomata, which had a very thick covering of squamous epithelium, the surface layer of cells being very closely packed together, just like a hard, warty growth of the skin. Some parts of the growths exhibited the great difficulties which frequently existed in coming to a conclusion as to whether small fragments of growths, removed from the larynx for the purposes of microscopical examination, were of a simple or malignant nature. The case was also interesting in consequence of the long duration of the growths. It was probable that they had existed twenty-one years, but had never been diagnosed until a few months previously, when a laryngoscopic examination was made for the first time. The patient had been under treatment repeatedly for hoarseness and difficulty of breathing.

DEPARTMENTS.

OBSTETRICS, GYNECOLOGY AND PEDIATRICS.

By WALLACE A. BRIGGS, M. D., Sacramento, Cal.

Faradism in Gynecology.—At a recent meeting of the Gynecological Society of Boston, DR. A. P. CLARKE read a paper on the use of faradism in the treatment of certain diseases of women. He says that results far in advance of anything that the most enthusiastic advocates a generation ago had hoped, have been achieved by Apostoli and his followers. In the employment of the faradic current we act upon the superficial blood vessels; we modify the nutrition of the parts; we hasten absorption of extraneous matter. All this can be done without incurring that extreme hazard which usually accompanies methods by galvanization. The faradic current has a markedly sedative effect upon the parts, and when judiciously and intelligently applied the patient often feels a sense of relief, and will return for further help. Even in cases in which marked inflammatory processes are present the faradic current may be resorted to with much benefit. Dr. Clarke appends a report of several cases to show the favorable results of treatment. Mrs. K—, æt. 38, the mother of a 13-year old child. Her menses had appeared at irregular intervals, but the abdomen had become so distended that she thought herself pregnant. There was some pain and tenderness over each ovary. The uterus

was soft, relaxed and anteverted, but not to such a degree as to cause vesical trouble. The faradic current was used with slow interruptions over the abdomen and the cervix, while over the ovaries, on the outside, frequent interruptions of the current were employed. Occasionally an intrauterine electrode was used, while the other pole was connected with the wire brush. The patient quickly improved under the treatment. The applications of five or ten minutes duration, were made at intervals of three days for about three months, after which the patient's health continued good. A second patient, a mother of three children, complained of pain in the back and left ovarian region, and at irregular intervals attacks of severe pain in the head. The current, with frequent interruptions, was used over the painful points. The negative pole was applied with an intrauterine electrode. After the third treatment improvement began. Though not entirely cured the patient was greatly benefited. The third case was that of retroflexion of the uterus and cystocele, following a miscarriage, with retained placenta. After six months, there being considerable vesical disturbance, faradization was begun. Slow interruptions were used in the *cul-de-sac*, on each side and over the abdomen. After two months treatment the patient was well, and the cystocele had not returned six months later. Several other cases are reported, and he says that he has notes and records of some thirty gynecological cases in which faradization was resorted to with favorable results. In twelve of these the application was made to overcome pain and nervous disturbances arising from various lesions requiring operative interference, viz: six for pyo-salping and salpingitis; four for laceration of the perineum and of the cervix; one of uterine polypus, and one for urethral vascular growths; and in nine to overcome pain and nervous phenomena due to functional disturbances. These cases are reported, not with a view of establishing a claim for originality in treatment, nor for the purpose of setting aside other well-tried methods, but in recognition of the fact that we have in this form of electricity for properly selected cases, after other means have failed, an agent capable of yielding most gratifying results. In the discussion DR. G. W. JONES said that one of the greatest drawbacks to the use of galvanism was the high cost of a good galvanometer to measure the current used. He believed that if an agent so potent for good or evil is employed the dose should be as accurately measured as strychnine or morphine. If we are to get exact results in our practice we ought to know precisely how these results are obtained, in order to have them of practical value.—*Journal of the American Medical Association*, May 11, 1889.

SURGERY.

By T. W. HUNTINGTON, B. A., M. D., Surgeon Southern Pacific Company's Hospital, Sacramento, Cal., and J. F. MORSE, M. D., Surgeon German Hospital, San Francisco, Cal.

Treatment of Club Foot by Isinglass Bandage.—In a long article* in the *Berliner klinische Wochenschrift*, Feb. 25th, 1889. PROF. JULIUS WOLFF reports a number of cases of club foot, treated by his isinglass

*To those who have the opportunity I strongly recommend a perusal of this article. The illustrations will more than repay the labor expended.

bandage. It is a sequel to a paper published in 1885, and he says that he is now in a position to prove the statements then made, that, by means of this bandage, without the addition of any other operative procedure, further than the simple incision of tendons and fascia in cases of congenital club foot, a very excellent cure may be obtained, even in the most aggravated cases, and up to the age of nineteen. There are illustrations of cases of very severe club foot in individuals having reached the age of 24 and 32 years, in which equally excellent results were obtained. Even in cases of double club foot the tremendous difficulties encountered in returning the feet to their natural position may be completely overcome by this method. Wolff says in conclusion: "I believe myself justified in entertaining the hope that in the future, and after this renewed demonstration of the results obtained by my method of treatment, surgeons will refrain more and more from treating those afflicted with club foot by means of the combination of shoe and splint, or by mutilating operative procedures to the long parts of the foot, or even by Phelps' method of cutting through all the soft parts."

Artificial Limbs.—In the March number of the *Edinburgh Medical Journal*, MR. CHARLES W. CATHCART considers "the justifiability of removing, with the view to an artificial limb, more of the natural parts than would have been otherwise necessary." He finds that a majority of instrument-makers demand that surgeons give up the old principle of the "least sacrifice of parts," in order to give room for the mechanism of artificial joints and to facilitate control of the artificial limb. One maker, for instance, places the absolute range of election in amputations of the leg, from four inches above the ankle to four below the knee. The grounds for this assertion are that if a leg is amputated within four inches of the ankle, no room is left for the ankle joint mechanism; and if within four inches of the knee, the stump will be of little or no service in governing the artificial limb, but on the contrary, in a majority of cases, will contract in a flexor direction, becoming a great inconvenience. This maker even advises to amputate above the knee if the stump cannot be made at least four inches long. Mr. Cathcart, on the other hand, shows: (1) That the longer the stump of the lower limb as a whole, the more the leverage and the greater the propelling power of the thigh, even when the stump below the knee is too short to allow it to control the artificial limb. (2) Where there is not space enough for the hinge-joints, rule-joints may be used, running outside the limb. Though the rule-joint is inferior to the hinge, still the difference is not enough to justify the sacrifice of the several inches of a patient's limb necessary to make room for a hinge-joint. (3) By inquiry from a number of instrument-makers, he finds that many are prepared to deal with any stump, however short, below the knee. Furthermore, when the knee-joint cannot be utilized or becomes flexed, many makers find an actual advantage in fitting the limb so that the bearing is taken on the flexed knee. When no portion of the tibia can be saved, the surgeon has to choose between amputation through the knee-joint, through the condyles, or at a sufficient distance above the joint to permit of a hinge-joint mechanism. On this point Mr. Cathcart

finds that only a certain number of limb-makers agree in calling for amputations well above the joint. That, on the other hand, some even prefer a disarticulation through the knee, maintaining that any disadvantage as to joint mechanism is more than compensated for by the increased bearing power of a bone section through an articular end, and by the better grasp that the new limb can be made to take above the broadened articular extremity. From these considerations the author sees no reason to depart from the old conservative principle.

The Treatment of Confirmed Catheter Life by a Permanent Perineal Opening.—In an article upon the foregoing topic (*British Med. Journal*, April 13, 1889), MR. WALTER WHITEHEAD thus describes the procedure: "A staff is passed into a previously, moderately, distended bladder. A lithotomy knife, with the edge upward, is plunged into the groove of the staff from a point an inch above the anus to a point a little in front of the prostatic apex. I prefer to enlarge the skin incision as I withdraw the knife, leaving the external wound, when finished, about an inch in length, and directed from the raphe toward the centre of the space, between the anus and the left tuber ischii. As the staff is withdrawn, the finger is passed into the bladder, when possible, and the opportunity is taken of making a digital examination. When nothing is discovered admitting of immediate operation, the tube I have devised is introduced and maintained by a T bandage. My preference for enlarging the external opening by one sweep of the knife during its withdrawal, in the place of cutting down on the staff by repeated incisions, is to secure a clean section and thus avoid an irregular wound, which gives greater facilities for the lodgment of discharges. The limited space between the point where the knife first enters the urethra and the rectum, does not afford sufficient room for a wound which is required to remain permanent, unless the incision be made obliquely in the manner described. The original opening in the skin should be made large enough at first, as it will then last for years without the necessity of dilatation; but if made too small, it may require enlargement within a few weeks. Having obtained a short and wide communication with the bladder, our next desire is to subdue the cystitis which usually exists. For this purpose, nothing is, as a rule, more effectual than hot water. In order that this should be successful, the temperature should be gradually increased to 120° F."

OPHTHALMOLOGY, OTOTOLOGY AND LARYNGOLOGY.

By WM. ELLERY BRIGGS, M.D., Sacramento, Cal.

The Pupils in Nervous Disease.—The pupils are *contracted* in cerebral hyperemia, in the early stages of meningitis, in paralysis of the sympathetic, and in irritation of the third nerve from its nucleus to its periphery. Contraction is also often observed in locomotor ataxia and in general paresis, and occasionally in cervical myelitis. The pupils are *dilated* in epileptic coma, in cerebral anemia, and in nervous excitability. In irritation of the sympathetic or in paralysis of the third nerve, dilatation of the pupil occurs on the side of the lesion. *Disparity* of the pupils may be congenital, or due to iritis, or surgical operation. It

occurs in general paresis. It may also be due to irritation or paralysis of the third nerve or of the sympathetic, to the use of some drug, to blindness of one eye or to migraine. The *mobility* of the pupils is lost in blindness, from diseased optic nerves or retina. During an epileptic fit there is frequently loss of reaction to light. The Argyll-Robertson pupil is one where the reflex to light is lost, but that to accommodation normal. It is found in locomotor ataxia, general paresis and in some cases of multiple sclerosis.—*N. Y. Medical Journal*.

The Effect of Electric Light upon the Eyes.—Within the past ten years thirty people, suffering from a peculiar disease of the eyes, have come under the observation of a Cronstadt oculist. The symptoms were the same in each case, and all the patients had, owing to their employment, been accustomed to remain for hours at a time near electric light apparatus. The new disease is called photo-electric ophthalmia. The patient is apt to be awakened in the night by great pain about the orbits, accompanied with profuse lachrymation. Intense photophobia is another characteristic of the malady.—*Journal American Medical Association*, April 27, 1889.

Cataract Extraction by Washing out the Anterior Chamber.—During the past four years PANAS has performed 460 extractions without iridectomy, and with irrigation of the anterior chamber. In thirty cases iridectomy became necessary, either during or after the operation. In 437 cases the result was good; in 21 not satisfactory; 2 were lost by suppuration, and in 23 the iris was caught in the wound. He injects a small quantity of a solution of biniodide of mercury (1:20,000), just enough to destroy any germs that may have entered with the instruments or air bubbles. In 101 cases he washed the anterior chamber out with a 4 per cent. solution of boracic acid, to remove any remnants of the lens. Plastic iritis occurred about the same number of times after the application of either remedy.—*Acad. de Méd., Archives of Ophthalmology*, March, 1889.

Menthol in the Treatment of Tubercular Laryngitis.—At the last meeting of the Russian Medical Society, DR. OSSENDOWSKI related his experience in the treatment of laryngeal phthisis with menthol. In the seven cases treated there was ulceration of the vocal cords or about the arytenoid space in six, and infiltration over this region in one. The treatment consisted in applying a 10, 20 and 30 per cent. solution of menthol from three weeks to three and one-half months. Menthol was administered internally in four cases. With the exception of one case, in which perichondritis appeared, Dr. Ossendowski reports improvement in the inflammatory process, disappearance of pain, improvement of the condition of the ulceration, but in none of the cases was there complete cicatrization. He arrives at the following conclusions: (1) Menthol appears to be a good remedy to relieve the pain. (2.) In cases complicated with pulmonary phthisis it is useful, administered internally. (3) The application should be begun with a 10 per cent. solution, gradually increasing the strength. Solutions as strong as 40 or 50 per cent. produce much irritation.—*St. Petersburger med. Wochenschrift*, March 25, 1889.

Pyemia from Acute Otitis Media.—DRS. REINHARD and LUDEWIG report two cases of pyemia following acute otitis media. The first case,

one of acute otitis media on the left side, in a man 24 years old, resulted in a secondary inflammation of the mastoid cells, pyemia, and a metastatic gluteal abscess of enormous size. Recovery ensued in four months. The inflammation of the ear was due to a severe cold and sore throat. In a month from the initial symptoms of cold, the gluteal abscess appeared, the ear having been meanwhile the seat of acute inflammation. In four months the patient was discharged from the hospital entirely cured, excepting a persistent perforation in the membrana tympani. In the second case, a man 25 years old, a severe pyemia followed an acute otitis media. The patient had nearly recovered from the inflammation in his ear, when an imprudence in eating induced fever and headache. The mastoid became inflamed, and was trephined. There ensued a period of three months of fever, and light chills at intervals. Great emaciation followed, and metastasis occurred in both eyes (septic retinitis and multiple retinal hemorrhages), with an abscess in the left shoulder-joint and in the muscles of the upper arm. Recovery of both hearing and health occurred in the course of five months from the time of the first symptoms.—*Arch. f. Ohrenheilkunde, American Journal of Medical Sciences*, May, 1889.

Follicular Conjunctivitis in the Dog.—PROF. FRÖHNER says that among domestic animals dogs are most frequently subject to eye diseases, and that follicular conjunctivitis is the most common form. Before discussing this disease he mentions other forms of conjunctivitis that appear in the canine species. These are simple catarrhal, purulent or blenorrheal, diphtheritic and phlyctenular conjunctivitis. Follicular conjunctivitis differs from all the other forms in being localized to the internal surface of the nictitant membrane. Numerous small round nodules appear and grow as large as a millet seed. It is always chronic and accompanied by catarrhal conjunctivitis, much edema, entropion, etc. Treatment is slow and difficult. The author uses antiseptic solutions: Boric acid (2 per cent.), sublimate (1:2000), quinine (5 per cent.), or chlorine water (1 per cent.). In the early stages these remedies will cure the trouble, but as it is rarely presented for treatment until very chronic, sulphate of copper, nitrate of silver and acetate of lead in strong solutions, will be found necessary.—*France Médicale*, April 9, 1889.

Suturing the Corneal Wound After Cataract Operation.—At a recent meeting of the Paris Académie de Médecine, DR. SUAREZ read a paper upon this subject. After experimenting upon animals he first employed sutures in the cornea of a patient operated upon for cataract complicated with ectropion. The sutures were used because he feared infection of the wound from the retained secretions. By the aid of two very fine silk sutures the edges of the corneal wound were kept in perfect coaptation, and the corneal incision was thoroughly united on the third day. The threads caused scarcely any infiltration, and were removed on the fifth day. He has operated a number of times by this method, but gives no statistics of his results. He claims numerous advantages for it, among which are the following: The prevention of hernia and engagement of the iris in the corneal wound. It relieves the eye of irritation, provoked by long-continued closure of the lids, by permitting their free movement. It allows the free egress of secretions and maintains the eye in an

aseptic condition. It produces perfect coaptation of the wound, thus facilitating immediate union. It permits thorough and frequent cleansing of the eye, the lachrymal passages, etc., when any diseased condition makes infection of the wound possible. It allows the patient to move about the next day after the operation, or if needed even on the day when it is performed. The eye can be examined at any time after the operation. Continued projection or escape of vitreous is prevented.—*France Médicale*, April 25, 1889.

DERMATOLOGY AND VENEREAL DISEASES.

By G. L. SIMMONS, JR., M.D., Sacramento, Cal.

And D. W. MONTGOMERY, M.D., Professor of Pathology, University of California, San Francisco.

Treatment of Tinea Tonsurans.—DR. A. J. HARRISON, in treating this disease, strives, in the first place, to soften the hairs, so that the parasiticide may reach the fungus. He formerly used two solutions; the first composed of liquor potassæ, alcohol and iodide of potash; the second of bichloride of mercury, dissolved in alcohol and water. The hair was softened by the application of the first solution, then the second was applied, the bichloride of mercury combining with the iodide of potash, forming biniodide of potash, a very powerful parasiticide. The results obtained by carefully carrying out this treatment were good, but it was impracticable in a large infirmary, and the patients themselves would not use it intelligently. Recognizing that patients will apply an unguent more thoroughly and more perseveringly than a liniment or lotion, he set himself to the task of making an ointment which would soften the hair, and at the same time contain a good parasiticide. He found that he could not get along without the caustic alkalies, and so composed the following: Caustic potash, grs. ix; carbolic acid, grs. xxiv; lanolin and cocoanut oil, āā ℥ss. A small portion to be rubbed into the affected parts twice a day. The caustic potash softens the hair and allows the carbolic acid to gain free access to the fungus. A cure is effected in from one month in slight cases, to three months in severe cases. He recommends the following ointment, to be used as a pomade on the heads of children who run the risk of being infected with ringworm: Ointment of boracic acid and ointment of eucalyptus, of each ℥ii; oil of cloves, ℥ss, and oil of cocoanut, to make ℥vi.—*British Medical Journal*, March 2, 1889.

Dermatitis Gestationis.—DR. JAMES C. WHITE has recently reported a case of dermatitis to the Obstetrical Society of Boston. The patient suffered from a severe recurrent dermatitis, accompanied by wheals, and sometimes bullæ, and in one of the attacks a pustular eruption with furunculosis. Of the four attacks, three of them were connected with pregnancy, and two followed immediately after the ingestion of food (roast pork and lobster salad respectively), which not infrequently produce similar gastric, constitutional and cutaneous disturbances. During one of the attacks furuncles developed, followed by the formation of furuncles on the hands of three out of four nurses attending the patient, so that the process seemed to some extent septic and communicable. Dr. White classified this disease among the group described by Duhring, under the

name dermatitis herpetiformis.—*Boston Medical and Surgical Journal*, March 28, 1889.

Arsenic in Bullous Diseases of the Skin.—DR. L. D. BULKLEY gives the histories of nine cases of bullous skin diseases, three of which were true pemphigus, treated with arsenic with marked benefit. Two out of the three cases of true pemphigus died, but even in these fatal cases the administration of arsenic seemed to check to a certain extent the progress of the disease. The other cases were very varied, and seemed to have little in common, excepting the bullous eruption. The form of arsenic used was usually Fowler's solution; in some cases the arseniate of soda in solution was given. He favors administering the arsenic well diluted with Vichy water, which is also often indicated in these bullous affections. *New York Medical Journal*, April 13, 1889.

Kaurosis Vulvæ.—Briesky described, in 1885, under the name of kaurosis vulvæ, a peculiar form of atrophy and shrinkage of the skin of the external genitals of the female, supposed to be caused by difficult coitus and parturition. JANOWSKY has lately published six cases—a large number, considering the rarity of the disease. These cases unfortunately throw very little light on the cause of the disease. Half of the subjects suffered from venereal disease, two having syphilis. One had an indurated edema, from which the kaurosis seemed to have begun. Hypertrophic whitish patches of the epidermis were frequently seen associated with this atrophy of the cutis—these patches were similar to the leucoplakia observed both by Janowsky and Oberländer occurring in the urethra in chronic gonorrhea.—*Monats. f. prak. Dermat.*—*Centralblatt f. Chirurgie*, No. 8. 1889.

MATERIA MEDICA AND THERAPEUTICS.

By WM. WATT KERR, M. A., M. B., C. M., Professor of Clinical Medicine, University of California, San Francisco.

Recent Researches in Strophanthus.—This subject has been worked up very thoroughly by French investigators, who have arrived at the following conclusions: The first phenomenon which the drug gives rise to is a slowing of the heart, associated with an increase of cardiac energy and a marked rise in blood pressure. When pushed beyond this point the heart becomes irregular, but the blood pressure remains high until a sudden fall takes place coincident with the arrest of the heart. The persistence of the blood pressure, independent of the cardiac action, shows a direct action of the drug upon the vaso-motor system. These results lead to the inference that the drug might be of service in increasing cardiac energy. The balance of clinical experience would seem to indicate the utility of the drug in mitral regurgitation after failure of compensation. It is also very useful in the alleviation of the distressing symptoms of mitral obstruction. Even in the aortic lesions, just when the heart begins to give way and the use of digitalis might be attended with inconvenience, strophanthus succeeds. Diuresis is a very constant effect of the ingestion of the drug, but there is no ground for the statement that strophanthus is capable of giving rise to inflammatory lesions in the healthy kidney. *Medical Press and Circular*, March 13, 1889. [It will be

noticed that the practical outcome of these investigations is that strophanthus is very useful in mitral regurgitation, but it may be given with almost equal benefit in mitral obstruction, aortic obstruction or aortic regurgitation, when indications of failure of compensation commence to appear. Evidently there is not anything here which will enable us to choose between this drug and digitalis, which is the remedy *par excellence* when the ventricles yield to the additional strain thrown upon them by a diseased valve. By comparing the physiological action of the drugs upon the heart we will see that there is every reason for the close similarity between their effects. Briefly stated, digitalis increases the force of the cardiac contractions, diminishes their frequency, raises the blood pressure both by its action on the force of contractions and by a separate influence on the vaso-motor system, and prolongs the diastole. Strophanthus increases the force of the cardiac contractions, diminishes their frequency, raises the blood pressure by influencing both the heart and the vaso-motor system, and prolongs the systole. The resemblance between the two drugs, therefore, is very close, and it is not at all surprising that they should be interchangeable in any disease of the heart where the great desideratum is an agent that will strengthen the cardiac contractions. In cases of mitral lesion where the cardiac muscle is not degenerated, but no longer responds to digitalis from becoming accustomed to the stimulus, or where there are cumulative symptoms, strophanthus is an excellent substitute. If the observations be correct that strophanthus prolongs the systole, this drug will not be so useful as digitalis in mitral stenosis or mitral regurgitation where a prolonged diastole gives further time in which the engorged pulmonary circulation can relieve itself into the left ventricle; and for the same reason strophanthus may be more efficient in aortic regurgitation where the prolonged systole will diminish the tendency of gravity to cause syncope. My own experience with strophanthus in this last class of cases has been eminently satisfactory.—W. W. K.]

Calomel and Digitalis in Ascites Following Hepatic Cirrhosis. SCHWASS would warmly recommend calomel in ascites of this nature, having seen excellent and even surprising results follow the administration of the drug. In ten cases he combined digitalis with calomel, with a permanent removal of ascites in five of them, although in two of these five cases either drug alone was of no avail. He believes that in a combination of the two the constitutional effects of the mercurial are not so soon developed as when one is given. He would recommend the combination of calomel and digitalis in all cases of ascites from hepatic cirrhosis uncomplicated by severe disease of other organs (not including cardiac diseases), and in which the affection has not reached the last stages. When the effusion is very large it is well to aspirate, in order to relieve the pressure on the ureters, and thus remove any hindrance to the diuretic action of the drugs. This diuretic treatment, though not, of course, curing the hepatic affection, may prolong the life of the patient for months or years.—*American Journal of Medical Sciences*, March, 1889.

Creolin.—This germicide is obtained by dry distillation of the best English coal; it is a dark brown, oily liquid, of a tarry odor. It dissolves

in alcohol, ether, and chloroform, and forms, when mixed with water, a uniform alkaline emulsion. Bacteriological tests show it to be a stronger antiseptic than carbolic acid. It was used in the Lying-in Hospital at Munich, under Prof. Winkel, and in douches of $\frac{1}{2}$, 1 and 2 per cent., afforded results fully as satisfactory as those from corrosive sublimate while it proved to be a more efficient deodorizer than that drug or carbolic acid.—*American Journal of Medical Sciences*, February, 1889.

Sulphonal as a Hypnotic and Sedative.—MR. CONOLLY NORMAN, Medical Superintendent Richmond (Dublin District) Asylum, has reported (*Dublin Journal of Medical Science*) twenty-two cases in which he used sulphonal as a hypnotic and nervous sedative. In only two cases were unfavorable symptoms, consisting of muscular prostration, noticed. These were specially unfavorable cases, in which all other sedatives had failed. In no case was gastric or intestinal trouble observed. In several cases the tendency to refuse food was overcome, and the appetite seemed to improve under the use of sulphonal. In several cases the drug appeared to lessen the tendency to self-abuse and erotic excitement. In some cases of recurrent maniacal excitement it appeared to shorten the attack. The majority of cases treated were melancholiacs, but the drug seemed to exercise a hypnotic and sedative effect in various forms of insanity. The drug was never refused for other than delusional reasons. Sleep appeared to be natural, refreshing and undisturbed by dreams. Judging from these observations, sulphonal seems to be superior to the other modern drugs which have been introduced for similar purposes. The only objections to it are the price and the fact that it is bulky, insoluble, and therefore difficult to administer.

MEDICINE AND PATHOLOGY.

By ALBERT ABRAMS, M. D., Demonstrator of Pathology, Cooper Medical College, San Francisco, Cal.

A New Symptom of Pericarditis.—DR. E. PINS finds that when the posterior surface of the left side of the thorax is percussed, with the patient in the sitting posture, the percussion note, from the angle of the scapula downward, is dull or tympanitically dull. The dulness on percussion is continuous below with the splenic dulness, and extends laterally to the axillary line where it passes into pulmonary resonance or cardiac dulness. The dulness on percussion is most manifest at a point about $1\frac{1}{2}$ inches from the angle of the scapula and about 1 inch from the lower border of the lung on the left side. Auscultation at this point will discover bronchial respiration and bronchophony. If the patient is told to bend forward and the chest is reëxamined after a few minutes, it will be found that the dulness on percussion is replaced by a tympanitic tone, and the bronchial by indeterminate respiration. The same changes in auscultation and percussion are likewise observed, although to a less marked degree, when the patient lies on the left side. If the dyspnea is not too intense and the patient is enabled to assume the knee-elbow position, then the foregoing changes will become most manifest. These phenomena are only present when the pericarditis has existed for some

days, and disappear earlier than other symptoms peculiar to this disease. In acute pericarditis this dulness, altered by change of position of the patient, can be observed from 3 to 6 days. Dr. Pins has so far observed this symptom mostly in young persons, in whom the other signs of pericarditis were pronounced. This new symptom is explained as follows: The accumulated fluid in the pericardial sac dislocates the heart backward. The heart, plus the fluid, compress, in the recumbent position, the left lower lobe of the lung. Any alteration in the position of the patient relieving the degree of pressure will likewise alter the physical signs.—*Weiner med. Presse*, March 3, 1889.

Icterus Hematuria and Fever Following the Use of Quinine.—TOMASELLI read a paper before the recent congress of Italian physicians upon this subject. For many years he has observed in certain individuals, after the administration of quinine, paroxysms of fever, associated with diarrhea, hematuria, icterus and dyspnea. The first symptoms usually occur from 3 to 6 hours after the ingestion of the medicament and continue from 24 to 48 hours, leaving the patient in a prostrated condition. At times death results from cardiac paralysis and collapse. In the blood a decoloration and diminution in the number of red blood corpuscles is noted, and the urine contains fibrinous casts, epithelia, biliary pigment and altered blood corpuscles. These phenomena have been more often encountered in patients who have previously been affected with malaria. In the discussion following the reading of the paper, CANDARRELLI maintained that he had observed these symptoms where quinine had not been used, and in consequence concludes that they characterize a disease *sui generis*. BACELLI, of Rome, observed that certain forms of malaria exist accompanied by icterus and hematuria which disappear after the use of quinine; and also, that the administration of quinine will often provoke the symptoms described by Tomaselli.—*Therapeutische Monatshefte*, March, 1889.

Treatment of Pott's Paralysis by Suspension.—The following conclusions are formulated by S. WEIR MITCHELL: (1.) Suspension should be used early in Pott's disease. (2) That used with care it enables us slowly to lessen the curve. (3) That in these cases there must be in some form a replacement of the crumbled tissues. (4) That unless there is great loss of power, the use of the spine car or chair. enables suspension, especially in children, to be combined with some exercise. (5) That no case of Pott's paralysis ought to be considered desperate without its trial. (6) That suspension has succeeded after failures of other accepted methods. (7) That the pull probably acts more or less directly on the cord itself, *and that the gain is not explicable merely by obvious effects on the angular bony curve*. (8) That the now well-known influence of extension in Pott's palsy makes it probable that in the other forms of spinal disease, not due to caries, extension in various forms may be of value, as has apparently been of late made clear. (9) That the methods of extension to be used in these and in various cases may be very various, only provided we get active extension. (10) That the plan and the length of time of extension must be made to conform to the needs, endurance

and sensation of the individual cases.—*American Journal of the Medical Sciences*, May, 1889.

Detection of the Gonococci.—The methods of staining usually in vogue for finding these microbes are defective, inasmuch as no differentiation in the color is obtained. DR. JOSEF SCHUETZ seeks to obviate this difficulty by isolated staining of the gonococci. His mode of procedure is briefly as follows: The cover glasses prepared, in the conventional way, are allowed to remain from 5 to 10 minutes in a cold, filtered, saturated solution of methyl blue in a 5 per cent. aqueous solution of carbolic acid. The cover glasses are then washed in water and allowed to remain for a moment only in a solution composed of dilute acetic acid, 5 drops; distilled water, 20 ccm. The cover glasses are then washed in water. It will be found on examination that everything, with the exception of the gonococci has been decolorized. For back ground staining a dilute aqueous safranin solution is recommended.—*Muenchen. med. Wochenschr.*, April 2, 1889.

Treatment of Spinal Diseases by Suspension.—DR. CHARLES DANA has been treating (*Medical Record*, April 13, 1889) a number of cases of locomotor ataxia and other chronic spinal affections, since the latter part of February, by suspension. The treatment was tried in six cases of tabes, and in one of Friedrich's disease; also in paralysis agitans, transverse myelitis, hemiplegia and sexual neurasthenia, sixteen cases in all. The suspensions were made with a Sayre apparatus, three or four times weekly, beginning with half a minute and extending to over three minutes. In the ataxic cases all the patients maintained that they felt better and freer in the legs for a day. In one ataxic, suffering intensely from lightning pains, no improvement was noted after seven suspensions. In the cases of paralysis agitans, one patient felt much better after two suspensions. The second patient considered his stiffness improved. Benefit was also experienced in the other spinal affections, as well as in a patient with cerebral hemiplegia. Reference is made to the observations of Dr. A. Motchoukowski, who reported fifteen cases of locomotor ataxia, in the first stage, treated by suspension. Thirteen were improved, showing less pain, parasthenia and increase of muscular strength, but no cure was claimed. The same author also tried the treatment in cases of lateral sclerosis, multiple sclerosis and diffuse myelitis without success. He made experiments to determine the mode of action of the treatment, and found that on suspending a cadaver a lengthening of the body was noted to the extent of 6 cm., and a lengthening of the spine, between the second cervical and fourth lumbar vertebra, of $2\frac{1}{4}$ cm. He also noted, in suspending living persons, increased arterial tension and increased rapidity of pulse and respiration, and was inclined to explain the improvement in his cases by the greater activity of the circulation induced during suspension. Dana observed during suspension exaggerated reflexes in those not suffering from ataxia. He believes, from some experiments already made, that better results, as far as some symptoms go, may be had by partial suspension by the heels. In the same number Dr. WILLIAM J. MORTON gives his observations upon this method. Thus far only 6 tabetics have been treated and submitted to over 200 suspensions. He observes that by

no other means has equally marked, progressive and decided improvement been attained. With respect to the influence of suspension upon impotence, the curative effect produced is only another of many curious illustrations of the fact that science often arrives at a rational treatment which has been already popularly and empirically known. In Paris, at one time, a brief "hanging" was a treatment resorted to for impotency. In this connection, *post-mortem* examination of criminals, who have suffered death by hanging, often shows the occurrence of seminal emissions.

Aortic Aneurisms.—DR. HERMANN BIGGS presents the following conclusions based upon thirty-four cases of aneurism of the aorta. (1) That aortic aneurisms are more frequent than is usually supposed. (2) That rupture of aortic aneurisms and rupture of the aorta together form one of the most frequent causes of sudden death occurring without previous symptoms. (3) That very frequently, indeed, aortic aneurisms give no signs of their existence, or at least very indefinite ones, until rupture occurs. (4) That the comparative frequency of rupture of aortic aneurism as a cause of death has largely escaped notice, because in this country this class of cases does not often come under observation on the *post-mortem* table. Death occurs suddenly without previous symptoms, and, without an autopsy, is charged to heart disease or cerebral apoplexy. (5) That syphilis forms a large, and perhaps the largest, factor in the production of aneurisms of the aorta. This disease of the middle coat is perhaps often secondary to disease of the vasa-vasorum. (6) That when dilatation of the aorta occurs in the large proportion of cases it follows disease of the middle coat, which is in the nature of a degeneration, and not an inflammation.—*American Journal of Medical Sciences*. March, 1889.

The Treatment of Decubitus.—The most important factor in the treatment of decubitus is prophylaxis, which consists in preserving the cutaneous epithelium intact. When the latter is destroyed, then the microbes can enter the desquamated patches and produce tissue destruction of parts already reduced in vitality. Supported by the demonstrated fact, that lanolin is a constituent of the skin and is capable of preventing the ingress of microbes, PROF. ROSENBACH employs this agent in the treatment of decubitus. The parts subjected to pressure are first thoroughly cleansed, and then anointed with lanolin. Parts already showing excoriations or the redness which precedes the decubitus, readily resume a normal appearance under a coating of lanolin. The deep, gangrenous pressure ulcers, previously observed in his wards, now rarely occur since the introduction of the prophylactic lanolin treatment. Prophylactic inunctions of carbolized vaseline (2 to 3 per cent.) are also recommended. Another use for the lanolin and carbolized vaseline, incidentally mentioned, is in the treatment of cutaneous erythema or erysipelas, subsequent to paracentesis for ascites or after scarification of edematous parts. Here carbolized vaseline or lanolin rubbed into the punctured parts will protect the tissue from the irritating action of the escaping fluid.—*Deutsche medicin. Wochenschrift*, Feb. 7, 1889.

The Use of Chloride of Methyl in the Treatment of Neuralgia.—DR. GEO. W. JACOBY, in a former paper on the treatment of neuralgia, read before the American Neurological Society, spoke of two substances which did good service in the treatment of this affection, viz: condensed carbonic acid and chloride of methyl. Reference is made to two new methods of application, viz: stypage and the glycerine method of Bardet. Stypage depends upon the following principle: If a bunch of cotton is held and subjected to the action of the methyl spray, small particles of ice will accumulate in the cotton, which yield an intense cold. The second method, that of Bardet, consists in covering the part to be treated with a thin coating of glycerine; the glycerine being acted upon by the methyl spray will become converted into ice; the counter-irritation thus created, lasting longer than that from the direct action of the spray. Dr. Jacoby prefers the direct cutaneous application of the spray, when a large area is to be treated, as in cases of sciatica; but in neuralgias of smaller nerves, or where the refrigeration is to be localized, then stypage or the method of Bardet possesses certain advantages.—*Medicinische Monattschrift*, April, 1889.

MENTAL DISEASES AND MEDICAL JURISPRUDENCE.

By W. H. MAYS, M. D.; Professor of Mental Diseases and Medical Jurisprudence, University of California, San Francisco.

The Responsibility of Drunkards.—DR. PARRISH recently read a paper before the Medical Jurisprudence Society of Philadelphia, in which he summarizes as follows: (1) Alcoholic inebriety is a disease which chiefly affects the nervous system. It may be transmitted from one generation to another, or it may be created by long continued indulgence. (2) The person is debauched at intervals, being controlled by an impulse which is beyond the human will. (3) When committing a criminal act it is usually done in a state of unconsciousness and irresponsibility. [These propositions of Dr. Parrish plainly mean that drunkenness is a disease, and that crimes done by the drunkard ought not to be punished. Dr. Hughes, of St. Louis, in a recent article on this subject also says: "In every case of inebriate misdemeanor, the law should go behind the police records and look into the neurological history, and discover, if possible, the ancestral and immediate organic factors which may modify full responsibility." This is very high ground to take, and it is my belief that the medical profession is in no wise ready to adopt such views. That there may be such a thing as inherited inebriety, no one will dispute, just as there may be inherited rascality; but the rascal is not excused because his father before him was dishonest. The drunkard who kills a man may have been in a frenzied condition at the time, but that condition was voluntarily produced, and should not save him from the consequences. The *Albany Law Journal*, a very able legal contemporary, sharply criticizes this medical position, if such it may be termed, and adds: "If the fact of being drunk was an excuse for crime, every man would get drunk who

contemplated committing a crime. A drunken intent is just as guilty as a sober intent. We believe that when a man commits murder under the influence of strong drink, especially as the result of a long course of dissipation, even though he be crazy from drink at the time, the best thing for society is to put an end to his dangerous life. Not if he becomes insane through the visitation of God, but only when he becomes insane through the indulgence of his own vicious passions. There is always a time in the lives of most men when they know that it is wrong to kill, and if they lose this sense through a voluntary yielding to the vile appetite for strong drink, let them be judged responsible." I am quite in accord with this legal authority on the main point of his protest, namely, that drunkenness is no excuse for crime; but when he trenches upon the question of the responsibility of the insane, and draws the obsolete distinction between insanity from "visitation of God," and insanity from other causes, I consider that he is advancing bad doctrine. The law distinctly holds that the insane are not responsible for their acts. It does not enter into the etiological factors; it takes no cognizance of the cause or origin of the man's insanity; it merely wants to know whether he is undoubtedly insane or not. If so, he is incompetent, and must be absolved from accountability. If the mind is gone, it is gone. The Albany gentleman contends that if a man lose his mind by the indulgence of his vicious passions, he is to be held responsible, no matter how complete his mental aberration, or of how long standing. This is strange logic. The large majority of the insane throughout the country would, on this theory, be amenable to punishment, for, as a matter of fact, most of the mental break-down that occurs is brought about by reckless and vicious self-indulgence. But, as regards his major contention, the excusing of criminals from the consequences of their misdeeds on the the score of drunkenness, there will be but little conflict of opinion between the two professions. Medical science has never been afraid, if need be, to set itself in opposition to settled tradition; but in this instance, outside of a few extremists, medical opinion and the ethical common sense of the whole people are at one. W. H. M.]

Hysteria, from a Legal Point of View.—HENRY A. RILEY reports in the *Philadelphia Medical Times* a case tried recently in a Louisiana Court, involving the question of the heritability of hysteria. A child was playing in a yard near which ran a railroad track, and some boards from a passing train fell and struck her. From that moment she became an invalid, and has remained so; her nervous system shattered; mind and body seriously affected; subject to headache, attacks of nausea and vomiting; frequent fainting and falling fits; emaciated; dragging her limbs in walking, and otherwise afflicted. The accident occurred two years before the time of this trial. The medical testimony indicates that it is doubtful whether she will ever recover. The defense claimed that the injuries were slight, and utterly inadequate to produce these results; but that the condition of the girl was due to inherited disease, derived from the mother. It was shown that the mother was subject to hysteria, and that the symptoms of the child's affliction were in many instances of a hysterical character. But it was also shown that the child had never exhibited the

slightest symptoms of hysteria or constitutional disease prior to the accident. It was claimed that hysteria is not necessarily inherited, and that but for this accident the girl might have passed her entire life without it. "Admitting that she had a latent hysterical diathesis, in order to escape liability it would devolve on defendants to show that such diathesis was by itself a sufficient cause to produce the damage, independently of the accident. This they failed to do. The accident then was the direct, immediate and efficient cause which set in motion all other causes which created or aggravated the child's condition, and defendants are justly bound to answer for those deplorable consequences of their fault." The verdict of the jury was for \$7,500 damages.

Alcoholic Paralysis.—The diagnosis is usually easy. The patient complains of pains and loss of power in the legs; the feet droop, and he cannot point the toes upward; great pain is elicited if the calf muscles be grasped; the knee-jerk is absent; the hand-grasp is feeble; the presence of sickness or retching in the morning is highly suggestive; vasomotor changes are frequently present; extremities red and edematous; skin of hands and feet glossy, harsh or dry; nails curved, ridged, opaque and brittle; the paralyzes depend on peripheral neuritis; the cause is alcoholic excess. Mental symptoms are always present. The memory is impaired for recent events. The patient is emotional; suffers from insomnia, restlessness, delirium and hebetude. Subjects of this disease have a peculiar form of delusion; they say that they have been out walking, often a long distance, though hardly able to move. Prognosis favorable if the nature of the disease is detected early and its cause removed. Rest in bed. Rubbing of feet and legs. Galvanization after acute symptoms have subsided. Strychnine a most valuable remedy. Should the patient still continue to obtain alcohol, the case will terminate fatally.—DR. SUCKLING, in *American Journal of Medical Sciences*.

The Joy of Living.—This depends, according to DR. HAIG, upon the excretion of uric acid (*Practitioner*, Nov., 1888). A certain form of headache bears a close relation to such excretion, and the author's researches have shown him that mental depression and its opposite condition of well-being and exhilaration are also dependent upon the amount of uric acid in the blood. It has been noticed that a number of persons suffer from mental depression and heaviness at the time of day when the excretion of uric acid is at its greatest; that is, in the morning between breakfast and lunch. This has been called the "alkaline tide." A corresponding condition of depression may be produced artificially, by giving the alkalies. By giving acids sufficient to overcome the alkaline tide the process may be reversed at any time; heaviness and low spirits being thus made to give way to a feeling of mental clearness and enjoyment of life. The author then recommends as treatment for mental depression one or two doses of fifteen drops of a dilute mineral acid. [It is satisfactory to know that the way we regard the world or the mood we happen to be in, is merely a matter of the byplay of acid and alkali in the system. And for once in the history of therapeutics, the remedy is so pleasant as to be absolutely enticing. Presuming that a vegetable acid is allowable, it

seems delightful to think that to dispel a fit of depression, we need simply order a lemonade; to drive dull care away, we take a glass or two of claret, and when the old haunting question, "Is life worth living?" obtrudes itself, we can exorcise it by eating an orange. Possibly this objectionable overplus of alkali in the economy is the cause not only of physiological depression of spirits, but also of pathological melancholia. If so (and Dr. Haig will pardon me if I am making too wide an application of his interesting discovery), then the location of the new State Insane Asylum near San Bernardino, in the very heart of the citrus belt, seems an occurrence so fortunate as almost to deserve to be called an inspiration. For there the doctor's theory can be put to a decisive test, and the treatment of melancholia by the persistent administration of oranges and lemons can be pushed to its utmost legitimate limits. W. H. M.]

The Choice of a Hypnotic in Insomnia.—Chloral has fallen into disfavor of late years, and deservedly. It weakens the heart's action, lowers the powers of self control, and creates a craving for its continued use. The depression and general disturbance of function produced by opium contraindicate its use in a large majority of cases. The bromides are useful as a sedative, but loss of bodily weight and blood impoverishment follow their frequent exhibition. Sulfonal has been hailed as the hypnotic *par excellence*, and certainly it has given satisfaction in most cases; but there are instances where it is slow in its action or contrary in its effects. These objections can be urged, however, against every known remedy, and should not detract from the value of this new sleep-producer. DR. CLOUSTON (*American Journal of the Medical Sciences*, April, 1889), throws the weight of his authority in favor of the claims of paraldehyde as the best hypnotic. It is so valuable, he says, so reliable, so free from risks, that it cannot be too widely known by the profession. It acts so quickly that the patient is often asleep in five minutes after getting the dose. After a paraldehyde sleep there is no headache, no lassitude, no loss of appetite, no disagreeable feelings. It restores the sleep habit of the brain in many cases. As to the dose of paraldehyde, begin with forty minims or a drachm, and go up to two, three, or even four drachms, if necessary. Give it mixed with tincture of quillaya in cinnamon water. Its bad taste cannot be got over.

Imbecility After Typhoid Fever.—Mental torpor or feebleness is not uncommon after typhoid fever in children. The rapidity with which recovery will take place under treatment addressed to the nourishment of brain tissue is illustrated in a case recorded by DR. CHURTON. (*Brit. Med. Jour.*). A girl aged 10 was admitted to the infirmary with typhoid fever. The disease ran a typical course, with mild enteric symptoms. During the second week she showed imbecile symptoms, which continued until she became utterly unintelligible and foolish, these symptoms persisting after the temperature had become normal. A mixture containing liquor calcis hypophosphitis was given thrice daily, and within a week she became bright and lively, the brain completely restored. Cases of this kind are much longer in recovering without the stimulus to assimilation on the part of the brain tissues afforded by the hypophosphites.

The Martyr-Roll of Asylum Superintendents.—A writer in one of the French medical journals publishes a list of asylum physicians upon whom murderous assaults have been made, to the number of 25; the illustrious Pinel heading the column. In more than half the number the attacks proved fatal. By an investigation of the records of American asylums the list could be doubled and quadrupled, as the disposition to violently assault the doctor is common among some classes of the insane. Whether murdered by his patients or not, no one better deserves the martyr's crown and all benefits appertaining thereto than the hard-worked, brain-fagged asylum superintendent.

PUBLIC HEALTH.

By W. R. CLUNESS, M.A., M.D., Sacramento, Cal.

Mortality.—The deaths registered in 59 town districts of the State during the past month, in a population of 752,450, correspond to an annual rate of 13.64 a thousand, the total mortality having been 855. 111 deaths were due to zymotic diseases, giving an annual death rate of 1.77 a thousand. Of these, 31 were due to typhoid fever, 26 to diphtheria, 15 to cholera infantum, 12 to diarrhea and dysentery, 9 to cerebro-spinal fever, 6 to whooping cough, and 4 each to scarlet fever, remittent fever and erysipelas. 215 deaths were attributed to diseases of the respiratory organs, giving an annual rate of 3.43. Of these, 140 were due to consumption, 46 to pneumonia, 22 to acute bronchitis, and 7 to pulmonary congestion. 71 deaths resulted from disease of the heart. The average annual death rate from all causes, occurring in the ten largest cities and towns in the State, and representing a population of 597,000, was 17.76, being 4.12 in excess of the death rate for the month throughout the whole State. The highest rate for the month, occurring in cities having a population of 10,000 or more inhabitants, was reported from Santa Barbara; the lowest from San Diego.

Preventable Disease.—It cannot fail to have been observed that the mortality throughout the State since January last has been unusually low, averaging, as it does, but 16.23 per month, while for the corresponding period of last year the average was 18.98 a thousand, and for several previous years, so far as the statistics are available, the rate was even higher. It will also be observed that notwithstanding the small mortality due to typhoid fever and diphtheria, the two diseases of zymotic origin which we have always with us, they nevertheless constitute the principal factor of their class, there having been 219 and 262 deaths respectively from those diseases for the first five months of 1888, and 129 and 230 respectively for the same diseases for the corresponding period of 1889. Inasmuch, however, as these diseases are wholly preventable, there occurred therefrom in the ten months alluded to 840 unnecessary deaths in a little over one-half the population of the State. Their existence, therefore, must be regarded as a stigma upon our observance of the laws of hygiene; for if the germ theory of disease be true—and no one any longer appears to doubt it—the prevention of all acute infectious diseases is not only practicable, but

will surely one day become an established fact. Let us take, for example, the former of these diseases, typhoid fever, and a little reflection will convince anyone that it is not only generally preventable, but that were we to live up to the strictest rules of hygiene it could be completely stamped out of existence. Its causative germ has been ascertained to obtain food favorable to its propagation in the human family in the alimentary canal only. If, therefore, proper disposition of the evacuations be universally enforced, it is manifest that ultimately the last germ which gives origin to the disease would be destroyed. The germs for typhoid fever, however, find favorable soil for their multiplication in sewers, and wherever else filth accumulates and is maintained in a moist and decomposing condition; and there is good reason for believing that they will continue active in such receptacles for a great length of time, perhaps for years. Nevertheless, it is manifest that were the primary source of the germs, the evacuations, cremated, or so treated with germicides, as to effectually destroy them, the principal step would be taken for the ultimate and complete removal of this disease. If even a tithe of the pains were taken to prevent the communicability of typhoid fever as here intimated that is adopted to prevent the spread of smallpox an immense saving of life would follow. And as sooner or later these evacuations find their way into our drinking water by means of undercurrents, sipage, the melting of snow and ice, and by a thousand different channels, it is generally conceded that upon this source depends our principal danger. But as all deleterious germs are readily destroyed by heat, and as the ordinary temperature of boiling is known to destroy those of typhoid fever, all of our drinking water should be thus treated before being drank. Surely, then, this is an expedient worthy of adoption by all communities in which a case of this disease ever occurred; indeed, the writer is of the opinion that compulsory means should be adopted by municipal authorities for the disposition of the excreta as here indicated, and that they should constantly advise the public through the daily press, by means of standing advertisements therein, of the great saving of human life that would result from the boiling of all water that is to be used for drinking purposes.

METEOROLOGY.

By J. W. ROBERTSON, B.A., M. D., Resident Physician and Superintendent Home of Inebriates, San Francisco.

Summary for April.—*Temperature*: The mean temperature ranged from 52° at Eureka, on the Northern California coast, to 64° at Santa Barbara. The highest day thermometer registered was 93°, but this was found only at Los Angeles and Fresno, while the great majority experienced a heat of little over 80°.

Rainfall: Though there were many cloudy days when April showers threatened, the actual rainfall was slight. There were no well marked general storms. As usual, Southern California received but a small rainfall, while Central and Northern California, though more liberally supplied, still fell far below the April average.

California—Tabular Statement for April, 1889.

STATIONS.	TEMPERATURE.						RAINFALL.		WEATHER.			WIND.	FURNISHED BY—
	Mean.....	Highest.....	Lowest.....	Mean High-est.....	Mean Low-est.....	Mean Daily Range.....	No. of Days Total Rain-fall.....	Mean Relative Hu-midity.....	No. of Clear Days.....	No. of Fair Days.....	No. of Cloudy Days.....	Prevail-ing Direc-tion.	
Auburn.....Cal.	59.3	83.0	43.0	.....	.....	.....	.....	.....	.....	.....	.....	SE.	Southern Pacific Co.
Berkeley....."	55.9	75.0	44.3	61.4	53.3	13.5	10	85.9	6	5	19	W.	Obs. Univ. of Cal.
Colfax....."	54.8	79.0	38.0	.....	.....	.....	.....	.....	.....	.....	.....	SW.	Southern Pacific Co
Eureka....."	52.6	68.0	40.0	58.4	48.1	10.3	14	85.6	2	7	21	SW.	Signal Service U.S.A.
Fresno....."	63.2	93.0	41.0	77.0	50.0	27.0	4	61.7	19	4	7	W.	"
Keeler....."	61.9	86.0	40.0	73.2	51.5	21.6	1	39.4	21	6	3	SW.	"
Los Angeles....	58.9	93.0	46.0	73.0	51.3	21.7	4	77.5	12	13	5	W.	"
Monterey....."	60.0	70.0	51.0	.....	.....	.....	.....	.....	.....	.....	.....	SE.	Southern Pacific Co.
Napa....."	57.2	76.0	41.0	66.1	48.3	17.7	10	.....	10	11	9	S.	Sta. Napa Ins. Asylum
Oakland....."	58.97	74.0	48.0	65.0	54.0	10.76	10	86.79	10	9	11	SW. W.	J. B. Trembley, M.D.
Paso Robles....	68.6	88.0	43.0	.....	.....	.....	.....	.....	.....	.....	.....	S.	Southern Pacific Co.
Red Bluff....."	61.0	87.0	40.0	71.7	50.6	21.1	9	64.2	10	12	8	S.	Signal Service U.S.A.
Sacramento....	60.4	84.0	42.0	71.3	51.2	20.1	6	68.4	8	15	7	SW.	"
San Diego....."	60.0	83.0	47.0	67.8	53.1	14.7	3	79.3	14	11	5	W.	"
San Francisco..	56.5	77.0	49.0	65.0	52.6	12.4	11	76.8	3	22	5	W.	"
Santa Barbara..	59.9	87.5	43.5	72.7	52.7	.....	2	75.0	23	4	3	W.	Hugh D. Vail.
Santa Cruz....."	59.7	80.0	48.0	.....	.....	.....	.....	.....	.....	.....	.....	SE.	Southern Pacific Co.
Yuma.....A. T.	73.4	104.0	46.0	90.1	56.9	33.3	0	38.8	24	3	3	W.	Signal Service U.S.A.

Blank (.....) indicates data missing.

Occidental Medical Times.

JAMES H. PARKINSON, L. R. C. S. I., EDITOR.

COMMUNICATIONS are invited from all parts of the world. When necessary to elucidate the text, illustrations will be furnished without cost to the author.

SACRAMENTO: JUNE, 1889.

THE AMERICAN MEDICAL ASSOCIATION.

The Fortieth Annual Meeting of the American Medical Association will convene at Newport, R. I., June 25th, and promises to be a successful event. This place was selected in consequence of the difficulty of deciding between the claims of Eastern cities, all of which were strongly urged. Last year we alluded to the fact that the Association had not visited the Pacific Coast for 17 years. New Orleans, in the south; Chicago, in the north; Cincinnati, in the great valley of the Ohio; St. Louis, in the greater valley of the Mississippi; and now Newport, in the east, have all been honored within recent years. It would seem as if the Association had now no alternative than to re-visit us after an absence of 18 years. The year 1890 is especially appropriate, the State Medical Society, by meeting in Los Angeles, will leave the profession of San Francisco at liberty to attend to a national gathering, and we are satisfied that physicians throughout the coast will heartily second their efforts. San Francisco has unrivalled facilities for profitably and pleasantly entertaining a host of visitors, and there is no State in which so many points of interest can be reached with equal facility and economy. There are many routes by which visitors to the Pacific Coast may travel, and no doubt very favorable rates could be obtained. The facilities for transportation are constantly increasing; even within the last month the time occupied in the transcontinental trip has been reduced by one day.

The point of most importance to the National Association is the positive gain in membership which would ensue. Within the past five years the number of practitioners on the Pacific Coast

has been almost doubled, and it is but reasonable to suppose that a large number of applicants would attend a meeting held in their midst. The proportion of membership in the Association amongst the profession in the far west is much lower than it should be. This is not due to an absence of professional *esprit de corps*, for our State and local societies are in a very flourishing condition, but rather to a lack of appreciation of the advantage of combining in one great organization, and an absence of interest in something that has always been so distant and remote. There seems to be but one thing lacking to ensure success—a substantial delegation from the Pacific Coast to urge the matter at the coming meeting.

THE NEW MEDICAL REGISTER.

The fourth edition of the "Official Register of Physicians and Surgeons in the State of California" has at last been issued by the Board of Examiners. It was hoped that the book would have been presented to the profession in January, but several unavoidable delays have retarded its appearance. As each successive edition has given evidence of improvement, the work before us shows that experience has rendered it still more complete than any of its predecessors. The local directories giving the names, offices and office hours of most of the physicians in the larger cities has been extended to include Sacramento and San Diego, and the list in San Francisco and Oakland has been greatly enlarged. This is a very valuable feature which should be adopted by the physicians in every town of importance in the State. The number of medical societies and Boards of Health now listed shows a gratifying increase. A less pleasing feature is the increase of the "illegals" from 164 to 245.

The total number of certificates which have been issued by the Board is 2,671, an increase of 671 since the publication of the last edition. Of these 1,865 have been reported as residing in the State, 1,709 of whom are in active practice. The total number of persons legally practising medicine in the State is 2,418. Estimating the population at 1,299,428, the proportion of physicians to inhabitants is 1 to 500. The Official Register is now recognized as authoritative in medical matters, and certainly no pains have been spared to make the present volume a useful and valuable companion to the physician.

NOTES.

Gazette de Gynecologie.

The *Gazette de Gynécologie*, edited by Dr. P. MENIÈRE, the temporary suspension, of which we announced some months ago, has now resumed publication.

The Board of Examiners.

The new Board of Examiners held its first meeting May 1, 1889, and organized by electing Chas. H. Steele as President, and Chas. E. Blake as Secretary and Treasurer. The *personnel* is the same as that of the old Board, with the exception of Dr. H. H. Hart, who succeeds Dr. A. H. Pratt, the latter having refused reëlection.

Annals of Surgery.

The *Annals of Surgery* for May, contains an interesting report by DR. GEO. R. FOWLER, of Brooklyn, of a case of air tumor of the neck, caused by a hernia of the pleura, in a case of pneumothorax. It is well illustrated. There is a valuable editorial review of the subject of injuries to the heart, with prolonged survival. The *Annals* maintains its position as a first-class publication.

American Pharmaceutical Association.

The local committee of arrangements of the American Pharmaceutical Association, which meets in San Francisco June 24-29, 1889, has issued a neat and useful pamphlet. It is intended as a guide to the visitors, and contains much useful information regarding San Francisco, its surroundings, and the State in general. Very complete arrangements seem to have been made for pleasure as well as business. The local Secretary is Prof. E. W. Runyon, 53 Stevenson street.

The Times and Register.

This is a new journal, in name only, combining the *Philadelphia Medical Times*, the *Medical Register*, and the *Dietetic Gazette*. It appears as a weekly under the above title, but a quarterly number, devoted solely to physiological medicine, will also be published. The journals forming the combination are too well and favorably known to need more than a notice of their union. The *Philadelphia Medical Times* has been an invariably excellent and practical journal, and we observe that many of its leading features have been retained in the new weekly. Dr. W. F. WAUGH is the editor. He brings his former staff with him, and further additions are promised.

The Hot Air Treatment of Phthisis.

A correspondent from the Southern part of the State, who, though well known, shall be nameless, submits the following proposition anent the new treatment of this disease: "If, in accordance with the conclusions of Dr. Stallard's recent elaborate report, the tubercle bacilli succumb to a temperature of 107.6° F., is it not evident that Dr. Booth's Needles sanitarium, where the mercury reaches 130° *in the shade*, is the place to ship them to? Meanwhile, what will become of the patient?" We desire to disclaim all responsibility for this statement, which may be regarded as libellous in certain quarters, and to add that Dr. Booth's appearance negatives the supposition that the atmosphere at Needles, though decidedly warm, is of that lurid character which the above would imply.

The Influence of Bile on the Digestion of Starch.

DR. SIDNEY MARTIN and DR. DAWSON WILLIAMS have reported their results, obtained in a series of experiments on this subject, to the Royal Society. The object was to ascertain what influence, if any, the presence of bile or its constituents had on the progress or result of pancreatic digestion. Briefly stated, their conclusions are: "The effect of fresh and dried bile in hastening the pancreatic digestion of starch in the pig is due to the bile salts; these salts possess the power of increasing the amount not only of dextrose, but of sugar estimated as dextrose. They are not at present in a position to explain this influence. The pancreatic solution of starch proceeds more rapidly at first in laboratory experiments, and the retardation after a short interval is very marked. It is possible that the bile salts may favor its continuance by entering into combination with the bodies which have this retarding effect."

Sir Morell Mackenzie and His Statistics.

In connection with a statement made by our German correspondent (*vide* MEDICAL TIMES, vol. III, No. 4, p. 218) that Sir Morell Mackenzie had published "cooked" statistics of operations for cancer of the larynx, we have received a communication, from which the following is an extract: "Mackenzie did not falsify the statistics, but blundered into a very well-known pitfall which the German digs for the ingenuous collector of cases. A professor's case is generally reported by his assistant 'a case of — from the clinic of Professor —.' The unwary foreigner quotes

it as the *assistant's* case, but subsequently finding a case quoted by a German as having been treated by Professor — (without any mention of the reporting assistant) thinks it a second case. This mistake vitiates whole series of statistics of operations and unusual cases in every direction. The German custom ought to be more widely known."

The Need of Professional Co-operation.

Under this title the *New York Medical Journal*, referring to the imprisonment of DR. W. H. MAYS, gives some excellent advice upon the important subject of professional coöperation;

"So difficult is it to rouse the slumbering *esprit de corps* of the American medical profession, that something like the dramatic incident of the President of a State society, in session, receiving a telegraphic dispatch from a member announcing his lodgment in jail for the offense of declining to give his time and skill to a Court without compensation, was needed to call forth such prompt and effective action as the society in question, the Medical Society of the State of California, took, as will be seen in another column. Wrongs like Dr. Mays' imprisonment, although not always so strikingly outrageous, are not uncommonly inflicted upon medical men in the United States. In almost any other civilized country an endeavor to obtain redress would at once be entered upon, and the injured person would be sustained by his colleagues' moral and pecuniary support; but here it is among the rarities for any concerted action to be taken. It is to be hoped that the example set by our California brethren will awake the profession to a due sense of its rights in the community and of the duties of its members to each other.

It is unfortunately true that, as a rule, the medical profession neglects many opportunities of asserting itself, which, if embraced, would place it upon a far different footing in the community from that which it now occupies:

Committees of the State Medical Society.

The following are the Standing Committees of the Medical Society of the State of California, for 1889—90.

Clinical Medicine, including Diagnostics and Therapeutics—W. F. McNutt, San Francisco; S. B. P. Knox, Santa Barbara; Ed. S. O'Brien, Merced; C. C. Valle, San Diego; C. H. A. DeSzigethy, Los Angeles,

Indigenous Botany, Materia Medica, Pharmacy, and Medical Chemistry—W. P. Gibbons, Alameda; C. B. Bates, Santa Barbara; G. F. Shiels, San Francisco; C. C. Chipman, San Francisco; Chas. A. Rogers, Bakersfield.

Anatomy and Physiology—W. LeMoyne Wills, Los Angeles; Chas. E. Farnum, San Francisco; W. M. Lawlor, San Francisco; A. C. Rogers, Los Angeles; Henry A. DuBois, San Rafael.

Histology and Microscopy—Emma S. Merritt, San Francisco; D. C. Barber, Los Angeles; J. H. Wythe, Oakland; Julius Rosenstirn, San Francisco; Junius D. Young, Stockton.

Surgery and Clinical Surgery—J. F. Morse, San Francisco; Joseph Kurtz, Los Angeles; G. W. Lasher, Los Angeles; Thos. W. Huntington, Sacramento; Charlotte Blake Brown, San Francisco.

Obstetrics and the Puerperal Diseases—Henry Gibbons, Jr., San Francisco; Frank K. Saxe, San Jose; A. H. Pratt, Oakland; L. M. F. Wanzer, San Francisco; F. T. Bicknell, Los Angeles.

Gynecology—Francis L. Haynes, Los Angeles; Clinton Cushing, San Francisco; E. R. Smith, Los Angeles; Thos. Ross, Woodland; R. Beverly Cole, San Francisco.

Medical and Surgical Diseases of Children—W. J. G. Dawson, St. Helena; Elizabeth A. Follansbee, Los Angeles; Harry M. Sherman, San Francisco; E. G. Frisbie, San Francisco; George W. Merritt, San Francisco.

Ophthalmology, Otology, Laryngology and Rhinology—Wm. Ellery Briggs, Sacramento; Elizabeth R. C. Sargent, San Francisco; W. W. Murphy, Los Angeles; J. D. Arnold, San Francisco; W. D. Babcock, Los Angeles.

Diseases of the Mind and Nervous System—W. S. Whitwell, San Francisco; H. G. Brainerd, Los Angeles; Jules Simon, San Francisco; W. H. Mays, San Francisco; J. G. Bailey, Santa Ana.

Medical Jurisprudence—W. E. Taylor, San Francisco; David Powell, Marysville; G. W. Graves, Petaluma; C. N. Ellinwood, San Francisco; J. H. Renebome, Los Angeles.

Medical Topography, Meteorology, Endemics and Epidemics—Henry D. Robertson, Yreka; L. M. Lovelace, Lemoore; Martin Hagan, Los Angeles; C. M. Fenn, San Diego; James P. Booth, Needles.

State Medicine and Hygiene, and Adulteration of Foods and Drugs—W. R. Cluness, Sacramento; John Fife, Red Bluff; John D. Hartley, San Francisco; Henry Sayre Orme, Los Angeles; A. F. Darling, Los Angeles.

Medical Education and Medical Legislation—R. H. Plummer, San Francisco; J. P. Widney, Los Angeles; W. A. Briggs, Sacramento; Isabel Lowry, San Francisco; H. H. Maynard, Los Angeles.

Prize Essay—H. Bert Ellis, Los Angeles; Mark F. Patten, San Buenaventura; Kate Post Van Orden, San Francisco; J. H. Stallard, San Francisco; A. L. Lengfeld, San Francisco.

Necrology—D. A. Hodghead, San Francisco; G. L. Simmons, Jr., Sacramento; A. Liliencrantz, Oakland; G. F. G. Morgan, Petaluma; Barton Dozier, Los Angeles.

Pathology and Pathological Anatomy—Douglass W. Montgomery, San Francisco; Henry Worthington, Los Angeles; Jonathan T. McDonald, San Francisco; Albert Abrams, San Francisco; J. H. Barbet, San Francisco.

Publication—C. C. Wadsworth, San Francisco; W. W. Kerr, San Francisco; J. C. Sundberg, San Francisco; G. F. Shiels, San Francisco; Albert Abrams, San Francisco.

Arrangements—W. G. Cochrane, Los Angeles; W. L. Wills, Los Angeles; John R. Haynes, Los Angeles; W. D. Babcock, Los Angeles; M. Regensburger, San Francisco.

SOCIETY PROCEEDINGS.

SACRAMENTO SOCIETY FOR MEDICAL IMPROVEMENT.

Regular Meeting, April 23, 1889.

The President, A. E. BRUNE, M. D., in the Chair.

Inguinal Abscess.—DR. C. B. NICHOLS reported a case of abscess in this region. The patient, æt. 50, had apparently injured herself with a corset steel in stooping. Shortly after, she had some pain in the groin and a tumor developed. This was opened and found to contain a quantity of pus with a strong fecal odor. He had at first considered the case to be one of strangulated femoral hernia, but after operating concluded that it was simply an abscess dependent upon the injury. There were no symptoms of spinal or uterine irritation. He did not think that the fecal odor was due to the presence of feces, but to unhealthy pus.

DR. G. L. SIMMONS had seen cases of peri-typhlitis resembling the present case, except that they were not in the region named. It could not have been a case of femoral hernia. The odor probably depended upon its proximity to the bowel.

DR. W. R. CLUNESS did not think that the abscess was sufficiently close to the bowel to justify any connection with it. He was inclined to believe that it was an abscess of one of the glands under Poupart's ligament, the odor merely simulating that of feces.

THE PRESIDENT read a report of a case of *Spinal Apoplexy*. (To be published.)

SAN FRANCISCO COUNTY MEDICAL SOCIETY.

Regular Meeting April 9, 1889.

The President, GEO. CHISMORE, M. D., in the Chair.

Cholera.—DR. W. P. GIBBONS, in continuing his remarks upon cholera, confined himself chiefly to a discussion of Koch's comma bacillus as the cause of the disease. He found the evidence so conflicting as to compel the verdict "non proven." According to Koch, the comma bacillus is never absent in cholera, and is never found elsewhere; also, that proof by inoculation is not possible, as the lower animals are not susceptible to the disease. Klein maintains that the bacillus is present in the early stages of the disease, but that there is no relation between the severity of the attack and the number of bacilli present. He further states that the bacillus may be found in the intestine without the existence of Asiatic cholera, but admits that the presence of the bacillus entitles one to suspect the concurrence of the disease.

DR. J. H. STALLARD was of opinion that more had been done to establish the causative relation of the comma bacillus than had been mentioned in the paper. He believed that inoculations had been successful when the injection had been made with an alkaline solution, to prevent the destruction of the bacillus by means of acids.

DR. M. M. CHIPMAN referred to inoculation as a preventive of many specific diseases, and said that while the experiments of Pasteur, Ferrand and others had attracted much attention at the time, they had now dropped into comparative oblivion, which would hardly have been possible had they yielded any practical results.

DR. GIBBONS did not wish to be regarded as an avowed enemy of the germ theory, but to his mind it had not been proved whether the germs were cause or effect, and consequently he held his opinion in abeyance.

Regular Meeting, April 23, 1889.

The President, GEO. CHISMORE, M. D., in the Chair.

Dr. Wm. A. Douglass—Report of Committee.—The undersigned committee, appointed by the San Francisco Medical Society to duly notice the death of Dr. Wm. A. Douglass, unite in testifying that in his decease the Society and medical profession of this State have lost one of their most valued and worthy members. He was a physician whose work was a model of great excellence, and in which there was an entire absence of effort to win or attract popular notice. He was a most thorough and accurate anatomist, and this knowledge, kept up by constant dissections, rendered him one of the first operative surgeons of this coast. Some of his best work was in the section of lithotomy, in which he was an unusually successful operator. Dr. Douglass was preëminently modest and retiring in nature; ostentations in every direction he diligently avoided. He detested pretence and sham; yet he was ever ready to render tribute to true worth and merit. In brief, the deceased presented in his life an enviable example of the learned, kind-hearted, self-sacrificing, modest and conscientious physician. It is with sorrow that we have to record that he, who had so often brought comfort and solace to the bed of anguish, should have himself been the subject of so much suffering during the last few years of his life. Yet during the progress of the most appalling of maladies, a thoracic aneurism, his quiet courage never forsook him; for while the footsteps of coming death were ever resounding nearer and nearer in his ears, like the bravest and best of our profession, he remained faithful at his post and worked almost to his last hours. Our sincere condolence is kindly tendered to his family. L. C. Lane, Jas. Simpson, C. Cushing, H. Gibbons, Jr.

Rodent Ulcer.—DR. G. F. SHIELS presented a patient twenty-three years of age in whom there was no history of venereal disease, and who presented what he believed to be a rodent ulcer, situated in the angle at the right side of the nose and upper lip. He brought the patient before the Society, because this disease was rarely found at so early an age, and he wished to have an expression of opinion upon the subject.

DR. N. RUSSELL thought that in such cases it was very difficult to make a differential diagnosis, because the ulceration might be due to perichondritis affecting the cartilage of the nose, or to periostitis of the nasal or upper jaw bone. Practically, the diagnosis would not materially affect the treatment. He would scoop out the diseased tissue and cauterize the denuded surface.

DR. J. D. ARNOLD thought that had the disease been lupus there would have been some cicatrices by this time, but there were none of these manifestations.

DR. SHIELS said that he had endeavored to discover diseased bone or cartilage, but had failed to do so. He had also made a careful examination for lupus but failed to find anything that resembled the disease. He was therefore inclined to believe that the case was one of rodent ulcer.

Dispora Caucasica and Kephyr.—DR. N. RUSSELL, in a paper upon this subject, gave a description of the macroscopic and microscopic structure of kephyr fungus which was a zooglea of saccharo and schizomycetes living in one colony. There was a new species of schizomycetes contained therein which has been named *Dispora Caucasica*. It appears, according to the stage of development, as bacillus and leptotrix. Its peculiar character being the formation of spores at both ends of the cell. As might be inferred, and it had been proved by chemical analysis, the schizomycetes attack the casein of the milk in process of fermentation on the one hand, decomposing its natural combination with lime, and, on the other, partly transforming it into peptone and partly into hemialbumenose and sintonin. Saccharomycetes in the presence of sugar always decom-

pose sugar into alcohol and carbonic and lactic acids. The important changes undergone by casein render kephyr superior to artificial koumyss where the whole process is reduced to the alcoholic fermentation of added sugar. Kephyr is a good imitation of natural koumyss made from mare's milk, with the difference that it contains more albuminoids and fats. The addition of slight quantities of alcohol renders kephyr a concentrated, natural koumyss. The properties of the kephyr fungus has been, from time immemorial, a religious secret of the Tartars inhabiting the northern slope of the Caucasus. Briefly summarized, the therapeutic effects of kephyr are as follows: It is one of the best forms of dietetic food; it is a reliable, rational tonic, expectorant and diuretic. It has a marked influence upon the metamorphosis of the system, increasing the quantities of urea, uric acid, etc., in the urine. It is beneficial in all affections associated with a low nutrition, but especially in diseases of the respiratory and digestive organs. Some statistics of the treatment of diseases of these types in the Crimea with kephyr, showing its favorable action, were given. The doctor exhibited some microscopical preparations illustrating the structure of the kephyr fungus and *Dispora Caucasica*.

DR. BAZET had not used kephyr, but in dilatation of the stomach he had found one or two tablespoons full of koumyss every two hours well tolerated, and the patient improved so that in about ten days other food could be taken.

DR. H. L. WAGNER wished to know whether Russian physicians had succeeded in making pure cultures of the *Dispora Caucasica*.

DR. RUSSELL was not aware whether or not the attempts had been as yet successful.

SPECIAL CORRESPONDENCE.

PARIS.

[FROM OUR OWN CORRESPONDENT]

Experimental Diabetes.—Variations in the Virulence of the Cholera Microbe.—Phenacehdrazine.—Lactucarium.—Copper Salts in the Treatment of Tubercular Arthritis.—A New Electric Lamp.

MM. G. Sée and E. Gley have produced glycosuria in dogs, by administering daily doses of phloridzine, 1 gm. to 1 kgm. of the animal. After the first day the urine passed in 24 hours contained from 10 to 12 per cent. of glucose. Glycosuria disappeared when the doses of phloridzine were suspended. It is only in its complete form that phloridzine exercises this action on the nutrition. The same doses of phoretine or any other of its products will only produce 1 per cent. of glucose in the urine. Whatever diet is administered to the animal, sugar was found in the urine. As all glycogenic substances are rapidly destroyed by phloridzine, it is evident that glucose may be formed in the organism by albuminoid and fatty substances. At the end of a few days the animal became voracious, and wasted rapidly if its diet was not increased. The general composition of the urine varied but slightly. The glycosuric animals were submitted to different methods employed in the treatment of diabetes. Carbonate of soda and arsenic had no effect. Bromide of potassium slightly diminished the proportion of glucose. MM. Sée and Gley obtained the following results with antipyrine: One gramme was administered during a week to a dog, which eliminated 13 gm. of glucose daily. This proportion fell to 11 gm., notwithstanding the mixed diet. The same animal, at another time, eliminated 9.6 gm. of sugar daily. This proportion fell to 5.7 gm. after treatment with antipyrine. A small dog, which eliminated 8 gm. of

sugar, was treated with antipyrine. The quantity of sugar in the urine was reduced to 6.9 gm. If the curves of the urinary secretion and of the elimination of glucose are traced, the action of the antipyrine may be clearly discerned. The elimination of the urine becomes irregular; the quantity of glucose eliminated no longer corresponds with the quantity of urine passed. One of the experimentors treated several diabetic patients with antipyrine, and obtained excellent results. They have raised the question whether diabetes might not result from excessive, rather than from diminished nutrition.

M. Gamaleïa affirms that he has increased the virulence of the cholera bacillus by passing it through the organism of a pigeon. M. Lœwenthal subsequently stated that he had arrived at the same result by means of a simple cultivation in an appropriate medium, analogous to the intestinal magma, in which the pancreatic juice is the principal constituent. At the Académie des Sciences, M. Hueppe recently stated that he had shown, before MM. Gamaleïa and Lœwenthal, how a simple cultivation of slightly virulent cholera bacilli, placed in a suitable medium, in which the microbes lead an anærobic existence (the white of an egg), gives to the liquid toxic properties which it only obtains after a very long time in cultivations in an ordinary medium in which the bacilli are ærobic. M. Hueppe explains these results by the fact that in the anærobic cultivations the ptomaines and fundamental products which result from the disintegration of the albuminoid substances are not subsequently destroyed, whereas, in the ærobic cultivations they are oxidised. M. Hueppe considers it possible that the variations in the virulence of the bacillus observed by MM. Gamaleïa and Lœwenthal may be explained by the particular kind of anærobic existence that the microbe leads in the body of the pigeon and in the pancreatic medium.

M. Lepine, who has made experiments on frogs and guinea-pigs, with a new antipyretic, phenacethydrazine, considers that this substance has a deleterious effect on the blood, although it has not such a destructive action on the corpuscles as antipyrine or acetanilide. In guinea-pigs it determines intra-globular methemoglobinemia at the outset, and subsequently diminishes the number of corpuscles. M. Lepine has administered phenacethydrazine to several febrile and ataxic patients in doses not exceeding 3 gm. The results were satisfactory and proved that this substance is not dangerous when temporarily employed.

Amongst the different remedies that have been of late neglected for new alkaloids, glucosides and the different derivatives of tar, is Aubergier's syrup of *lactuca virosa*, which is so efficient in the treatment of colds, bronchitis, nervous and spasmodic cough resulting from irritation of the trachea, and bronchi. Lactucarium must be prepared with special and minute precautions which cannot be observed in the preparation of the lactucarium usually sold, at a very slight cost, and which is consequently completely inert. It is essential that the corrective principles which strengthen the properties of opium and diminish its irritating effects should be preserved in the juice. Aubergier's syrup possesses the sedative properties of opium without determining cerebral congestion, constipation or anorexia, and is therefore suited to every temperament. Dr. J. Simon, physician at the Children's Hospital, regards it as an excellent remedy in whooping cough and croup. In the treatment of colds it allays irritation and acts as a most efficient nocturnal sedative, when even opiates fail or produce evil effects.

Of late years the belief that copper poisoning results from copper salts being administered in small doses, during a prolonged period, has gained ground. This theory has lately been confirmed by a man of credence. M. Demoulin, of Gand, has successfully treated croup in children from 3 to 9 years of age, by administering daily 4 centigrammes of a copper salt. M. Luton, of Rheims, publishes in the *Revue Générale de Clinique de*

Paris cases of tuberculosis cured by the copper treatment. M. Stocquart, of Brussels, also records a case of tubercular arthritis of the wrist successfully treated by copper salts. The patient was a girl of 22. At the outset an ointment of sulphate of copper (4 gm. to 30 gm. of vaseline) was applied. The skin became irritable, but the swelling diminished and the articulation became more movable. The external treatment was suspended and the following pills (3 daily) were administered: Neutral acetate of copper, cgm. 2; extract of gentian, cgm. 3. A few days after this treatment the patient could use her wrist. Six months later morbid symptoms appeared in the right lung, and pain reappeared in the wrist. The same treatment, internal and external, was repeated, and the patient completely recovered.

Dr. César Belin has invented a new electric lamp, the "coeloscope," intended to illuminate natural and artificial cavities. Dr. Dujardin Beaumetz presented this instrument to the *Académie de Médecine* at a recent meeting. The construction of this lamp is based on the principle that a glass rod will transport rays of light to its extremity without any radiation of heat. The coeloscope illuminates, without heating, the buccal cavity, the vagina, the bladder in the operation of lithotomy and the peritoneal cavity in laparotomy. It consists of a small electric lamp hidden in a pear-shaped receptacle and surmounted by glass rods of different dimensions, suited to the different cavities. The operator holds the apparatus and places it in contact with an electric battery. The amount of light is regulated by a small moderator.

PARIS, April 25, 1889.

VIENNA.

[FROM OUR OWN CORRESPONDENT.]

Extirpation of a Lithopedion after Eight Years.—Primary Actinomycosis of the Lungs.—Nerve Stretching in Tabes Dorsalis.—Kraske's Method in Uterine Tumors.—Inhalations of Hydrofluoric Acid in Pulmonary Tuberculosis.

At a recent meeting of the Imperial Royal Medical Society of Vienna, Prof. Breisky reported an interesting case of lithopedion, upon which he had operated at the Vienna General Hospital. Eight years ago he had examined a case of extrauterine pregnancy, in which the fetus had left the amniotic sac, as it was lying free in the abdominal cavity. The membrana ovi, with the placenta, formed a tumor almost the size of a fist, which could be defined on palpation on the left side, over the symphysis. The uterus could be readily separated from the tumor. It was therefore a case of tubal pregnancy on the left side, with premature bursting of the sac, and expulsion of the fetus into the abdominal cavity. He had intended to perform laparotomy, and extract a living fetus, and, in accordance with the opinions which then prevailed, proposed leaving the placenta *in situ*. Libzmann had not at that time published his statistics of operations for extrauterine pregnancy, showing that the operation was much more favorable to the mother when the fetus was still living than when it had been dead some time. Of the ten operations which had been performed at that date with a living fetus, in one case only had the mother survived. These results so impressed Prof. Breisky with the great danger in such operations, when the placenta remained behind, that he determined to await the death of the fetus, and accordingly advised the woman to see him at a later period. Eight years, however, elapsed before the patient returned, requesting an operation, as the pain caused by the lithopedion upon every movement had become unsupportable. Upon examination an ovoid tumor was found fixed in the right iliac region. The severe pains were evidently due to traction on the adhesions. The patient insisted

upon an operation, and as there was danger of the lithopedion perforating into the bladder or intestine, it was undertaken. An incision was made in the right iliac region, over the tumor, and on breaking down the adhesions, the mass was readily removed. The abdominal wound healed readily. The lithopedion weighed 1344 grammes, and in its largest diameter measured 19 centimètres. It was of particular interest to find on section that, at the end of eight years, all the organs were still perfect, and microscopic examination proved that the tissues were also intact. No deposits of lime could be found, so that the term lithopedion was hardly quite appropriate.

Dr. Lacker has shown a case of primary actinomycosis of the lungs at a meeting of the Society of Physicians of Styria. The proportionately small number of these cases recorded accounted for the fact that several points in connection with this affection had not yet been cleared up. This case differed somewhat from others that had been reported. The subject, a mason, made no statement regarding the etiology of his disease. He was admitted to the surgical clinic of Prof. Wölfler, at Graz, September 8, 1888, for a suppurating process in the upper sternal region. An area of dulness was detected in the right anterior region of the chest. Numerous granules of the actinomyces fungus were found in the pus, and the affection was recognized as actinomycosis of the lungs. No operation was therefore attempted, and the patient was transferred to the medical clinic of Prof. Rembold September 27. The diagnosis was supported by the fact that the patient had complained of pulmonary symptoms before the suppurative process over the sternum had set in, which would therefore be regarded as a secondary infection. The external disease had progressed very rapidly, and since its appearance he had been incapable of working, and though sleep and appetite were good, had failed rapidly. He complained only of intermittent pains of varying intensity on the right side of the chest. The expectoration did not exceed 30 grammes in 24 hours. He was greatly emaciated. The abdominal walls were pale yellowish in color; the chest shortened and higher on the right side than on the left. This differed from other recorded cases in which the affected side was markedly retracted. In the right infra-clavicular region there was a dull tympanitic percussion note. At the inner side of the nipple there was also an area the size of the palm of the hand, over which there was dulness, bronchial breathing and increased vocal resonance. The perforation, which had appeared on the 20th of November, was about 5 centimètres below the nipple, and discharged a large quantity of pus, with numerous actinomyces. Above this spot there was a *bruit de pot fêlé*. From the clavicle downwards there was emphysema of the skin. The apex of the heart was in the fifth intercostal space. The sounds were normal. In the second intercostal space there was a slight systolic and diastolic murmur, and it was not impossible that the formation of an aneurism was in progress. The patient was very anemic, the hemoglobin in the blood being reduced to 25 per cent. There was no albumin in the urine. Dr. Lacker demonstrated the presence of the granules in the sputum, and showed how readily a diagnosis between this disease and chronic pneumonic processes could be made, even without the aid of the microscope.

Prof. Benedikt has exhibited two cases of tabes to the Wiener Medizinisches Doctoren Collegium, in which he had performed nerve stretching with favorable results. One patient was 42 years of age, and had presented marked symptoms of ataxia for 12 years. He had sometimes severe spasms of the extensor muscles of the lower limbs. Anesthesia was present, and the patient also suffered from severe neuralgias. After the performance of the operation the ataxic symptoms were greatly improved. The second case was that of a young man who suffered from violent rhachialgia and spasm of the lower extremities. After the opera-

tion the patient, who before could hardly walk, was now enabled to leap quite high. Prof. Benedikt said that the result of nerve stretching in these cases could only be estimated when some time had elapsed since the operation, and this was the reason that it had been regarded unfavorably in many quarters. He laid particular stress on the fact that neuralgias could be cured in most cases if not allowed to become chronic. The actual cautery was most efficient when the cause of the pain was not caries, tumors or other grave lesions.

Dr. Hochenegg, assistant to Prof. Albert, reports two cases, in which uterine tumors were removed by the method devised by Kraske. The first case was one of carcinoma of the upper portion of the cervix, operated upon by Dr. Gersung. As a supra vaginal amputation of the uterus could not be carried out Kraske's method was adopted, and an infiltrated gland was also removed, which could not have been done in the ordinary operation. In the second case Dr. Hochenegg had to deal with a cystic tumor of the uterus so closely adherent to that organ that both were removed together. The patient recovered completely. Dr. Herzfeld said that one advantage of this method was that ligaturing the ureters could be avoided. Dr. Salzer mentioned a case of extensive ulcerous carcinoma of the cervix, in which there was infiltration of the parametria. He operated by this method with good success. Prof. Billroth reported two cases, in which he had adopted Kraske's method. In one of these there was a tumor in the pelvis, the seat of which could not be exactly determined. During the operation it was found that adhesions to the bladder had taken place, and it was necessary to remove a portion of that organ. The second case was a carcinoma of the upper portion of the rectum. A rectal fistula resulted, and the rectum adhered so closely to the sacrum that the healing process was unusually tedious.

Dr. Ludwig Polyak has been using inhalations of hydrofluoric acid in phthisis. He employed an apparatus specially constructed according to the directions of Gager. Five patients used the apparatus simultaneously, inhaling for an hour. During the first *séances* fifty litres of the acid were inhaled by each patient at one time. Later the quantity was gradually augmented to from 5 to 600 litres of air, saturated with the acid. The solution was at first prepared according to Yager's prescription, but this was abandoned, as the quantity of acid in the air was too small. Dr. Polyak modified the mixture and succeeded in obtaining a constant percentage of acid. Only patients in whose expectoration the tubercle bacillus was found were chosen for these experiments. They complained at first of burning and sticking pains in the eyes, and of pains still more severe in the nose and pharynx. The same pains were also observed in the breast. These disappeared to reappear when the quantity of the acid had been greatly increased. All the patients complained of headaches and sleeplessness. In one case epistaxis regularly occurred after each inhalation, but only during the first *séance*. In another, bloody expectoration, and in a third a slight degree of hemoptysis was observed. During the treatment cough and expectoration were augmented. From 46 to 50 *séances* were employed. Dr. Polyak concludes: (1) The number of the bacilli in the expectoration was increased. (2) The pulmonary condition became worse, and in two cases extensive softening developed. (3) The weight decreased in four cases from $\frac{1}{2}$ to 3 kilogrammes; in one case it increased by $\frac{1}{2}$ a kilogramme, but the other symptoms had become aggravated. (4) In two cases only was the temperature elevated before treatment; during the inhalations it was considerably increased. (5) In four cases the vital capacity decreased by from 100 to 600 cubic centimètres. In one instance it increased 100 cubic centimètres, though the disease had made steady progress. (6) The treatment is objectionable in any case, as the patient is compelled to remain for a long time in a small confined room, the atmosphere of which

is not in accordance with hygienic conditions. It is therefore evident that this method, while, without any good effect, is also injurious.

VIENNA, May 4, 1889.

LONDON.

[FROM OUR OWN CORRESPONDENT.]

Anti-vaccination.—The Hendon Cow Disease.—Brain Surgery.—Opium in Bright's Disease.—Nephrectomy vs. Nephrotomy.—Dr. C. J. B. Williams.—The Fellowship of the Royal Society.—Sir William Gull.

The anti-vaccinationists, though they have not—like the importunate widow—gained their suit, have, at least, by sheer force of importunity, got the whole question re-opened and a promise that the cause shall be re-heard. The Royal Commission has not yet been named, but it is said that it will comprise two or three medical men, which is a mistake; there is no medical man of any prominence who is opposed to vaccination, and therefore, whoever may be appointed, the anti-vaccinationists whom it is hoped to convince, will look upon all the doctors on the commission as their enemies and committed to a foregone conclusion. The last move of the agitators has been to put up a heroic father conscientiously to object to have his children vaccinated, to get him fined over and over again (paying his fines for him), and then to advertise him all over the country as a martyr for conscience sake. This little "farcical comedy" has drawn very well, and has been given in most provincial towns. In all probability the laws making vaccination compulsory will be abolished within the next two or three years. The medical profession will thereby escape much odium; a certain number of them will lose a small part of their income, and all of us will have to be re-vaccinated more often than has been the custom for many years past. In the autumn of 1887 a considerable epidemic of small-pox commenced in Sheffield, which was a town where vaccination had been pretty thoroughly carried out. Leicester, a town in which the vaccination laws had long been set at defiance, was contrasted, and the contrast afforded the anti-vaccinationists much pleasure, for Leicester had had no epidemic, but by a regular system of quarantine, combined with the vaccination of persons known to have been exposed to imported contagion, had succeeded in preventing the spread of the disease when accidentally brought within its boundaries. The Sheffield epidemic has been carefully studied for the Local Government Board by Dr. Barry, and his report, which is a very elaborate and expensive document, contains a very remarkable evidence proving the extraordinary efficacy of vaccination. I say extraordinary advisedly, because vaccination is, after all, a pathological experiment, and all experience teaches us that no series of experiments in which the human body and a materies morbi are the two factors, can ever give results which are mathematically uniform; the most we can expect is that averages will come out about equal. Dr. Barry found by a system of house to house visitation, that about one per cent. of children of school ages in Sheffield were unvaccinated, but that this one per cent. had yielded a very large proportion of the cases; of every 1000 unvaccinated children 101 took the disease, and 44 died; of every 1000 vaccinated children 5 took the disease, and 0.09 died. Another interesting fact brought out by this very elaborate investigation was, with regard to the proportion of the two classes attacked among children living in houses actually invaded by the disease, and therefore in a high degree of probability exposed to infection; of the vaccinated children, 78 per 1000 were attacked; of the unvaccinated 876 per 1000. These are perhaps the most striking figures, but others hardly less significant were worked out. For instance, among persons over ten the death rate among the unvaccinated was 51 per 1000; among the once

vaccinated, 1 per 1000; among the twice vaccinated or revaccinated, 0.08. Again, all the persons employed by the postoffice were revaccinated, and not a single case of the disease occurred among them.

The report of the Medical Officer (Dr. George Buchanan) to the Local Government Board for 1887 has at length been published. It contains papers by Dr. Klein, in continuation of his investigation of the alleged connection between scarlet fever and a special form of disease in cows. It will be remembered that he had isolated streptococcus from the discharges of the ulcers on the teats in this disease, and that he had found a microörganism, which he considered to be the same in human scarlet fever. Professor Crookshank and others, who questioned the accuracy of these results, suggested that the streptococcus was one of the pus-forming cocci found in relation with suppuration everywhere, and that the cocci disease supposed by Dr. Klein to be related to scarlet fever, was, in reality, cow-pox. Dr. Klein defends his position; he brings evidence that the alleged scarlatina-producing cow disease is a distinct malady, having characteristic symptoms and morbid appearances, which enable it to be distinguished from cow-pox, the "Wiltshire cow disease," and other cow diseases in which ulceration of the udder occurs; he criticizes severely the way in which Dr. Crookshank has treated all streptococci, as though there were but one genus, and attempts to establish a series of criteria by which to distinguish the varieties of streptococci; finally he states that by inoculating cows with the particular streptococcus, which he believes is the cause of scarlatina—the *streptococcus scarlatinae*—he has produced a disease in cows characterized by loss of hair, ulcers on the teats and constitutional disturbance; a disease which he believes to be identical with the disease in the Hendon cows, which, according to Mr. W. H. Powers' original hypothesis (the starting point of the investigation), rendered their milk capable of producing scarlet fever in human beings.

Operations upon the central nervous system are becoming comparatively common; their success has not always been very marked. In one case of traumatic epilepsy the patient continued to have fits; one of these fits being more severe than usual, he was given chloroform as a palliative, and died after five inspirations. In another case of well marked Jacksonian epilepsy in a boy, the skull was trephined over the leg centre, but the boy shortly died. *Post-mortem*: no coarse lesion was found to account for the epilepsy. On the other side of the account must be mentioned a highly successful case of trephining for an abscess in the temporo-sphenoidal lobe; secondary to chronic disease of the middle ear; about four ounces of stinking pus were let out, and the patient made an almost uninterrupted recovery. The operator was Mr. Jordan Lloyd, of Birmingham. A successful operation of the kind first performed by Dr. Macewen, of Glasgow, has been reported by Mr. Arbuthnot Lane. The patient was a boy aged 7½, suffering from complete paraplegia, due to angular curvature. The spinous processes and laminae were removed; the sheath, when first exposed, was flaccid, and did not pulsate; but pulsation very soon appeared, and the wound was then closed. In three days he regained control over the bladder; in four he could move his lower limbs slightly, and in a month freely.

One of the most time-honored doctrines of British therapeutics has recently been called in question. Every student is warned against giving opium or morphine in Bright's disease, and especially, that in uremia it is most dangerous. Attention has, however, recently been drawn to the fact that morphine is sometimes extremely useful in mitigating the symptoms of uremia due to acute and chronic nephritis. To Dr. Stephen Mackenzie belongs much of the credit of bringing the question prominently before the medical public. He read a paper at the Medical Society of London, in which he related two cases of chronic uremia, in both of which alarming symptoms were immediately relieved by morphine. In one case

one-sixth of a grain of the hydrochlorate was given hypodermically; in the other one-tenth of a grain by the mouth. In both cases dyspnea was a marked symptom, and I believe that in the United States this symptom has long been recognized by many practitioners as an indication for morphine, even when the uremic condition is well marked. Dr. Wm. Carter, of Liverpool, says that morphine is also valuable in the uremia of acute disease, but should never be given when the pupils are contracted. The many experiments and discussions as to the chemical change in the blood which produces uremia seem to have made it clear that this is really a toxemia, but that the toxic body is not always the same. If Dr. Carter's observation, that morphine is only of use where the pupils are wide, turns out to be of general application, it would confirm the theory that morphine acts by antagonizing certain toxic principles—leucomaines, or according to the theory of Gautier—retained in the blood owing to the renal inefficiency. Further, as a purely empirical observation, it may be stated that the hypodermic injection of morphine is sometimes of extraordinary efficacy in puerperal eclampsia and albuminuria; the doses used have been half or even one grain.

Mr. Knowsley Thornton in giving the results of his experience of nephrectomy strongly insisted upon its superiority over nephrotomy even in hydronephrosis. He performs the operation by abdominal section, and takes great pains to remove a suppurating kidney entire without puncture. Mr. Clement Lucas claimed that the operation from the loin was more successful, and reported six cases without a death. Before operating he estimated the amount of urea; if it was less than half the normal he considered the operation very dangerous.

Dr. C. J. B. Williams, who died the other day at Cannes, Alpes Maritimes, was, in more than one way, a remarkable man. He was one of the first Englishmen to understand the art of the physical examination of the chest and to introduce auscultation and percussion into daily routine use in practice; he was one of the first to apply the teachings of microscopical pathology to the elucidation of clinical problems; he was more or less at war—or perhaps it would be more correct to say, occupied a position of more or less avowed hostility to the privileged medical corporations all his life, yet he was chosen to occupy some of the most responsible offices in their gift, and was elected Professor of Medicine at University College at a time when he had never held a hospital appointment, and was without experience as a teacher. He was never very popular, yet he reached a leading position in London and was for years in the enjoyment of one of the largest, if not the largest, practice as a consulting physician in this country. Increasing deafness eventually led to his retirement to a villa which he purchased at Cannes, where he wrote his autobiography, a most amusing and interesting work, giving a curious glimpse of methods of thought and practice as seen by a keen young man of a sceptical and inquiring turn of mind fifty years ago, and a *naïve* picture of the author's own sublime self-confidence. At Cannes also, he occupied himself with the study of astronomy, and a critical investigation of the new readings in the revised version of the New Testament. Altogether a typical product of the nineteenth century, living a busy, bustling life, full of many interests, loving the new for the sake of its newness, but with a very determined plan to make the best of both worlds.

There were no less than 71 candidates for the Fellowship of the Royal Society this year, and as it is the ambition of every man who attains any success in scientific pursuits in the United Kingdom to write F. R. S. after his name, the number is not really large; yet the Society continues to limit the number of new Fellows annually elected to fifteen or sixteen. Dr. C. J. B. Williams raised this question some twenty years ago at one of the annual meetings of Fellows, but failed to convince the Council that the number ought to be increased. As it is there is gross favoritism,

and unless a man belongs to certain cliques, or is under very powerful patronage, his chances are small. The result of this has been not the election of unworthy candidates, but the passing by of many men who deserve recognition. The lucky men this year among the medical candidates are Dr. E. Ballard, one of the Medical Inspectors of the Local Government Board, chiefly distinguished as a sanitary statistician; Dr. D. D. Cunningham, Professor of Pathology at Calcutta, and Mr. Gerald Yeo, Professor of Physiology at King's College, London, not one of them a practising physician!

Sir William Gull is hopelessly laid aside, and has resigned all his public appointments. Sir William Jenner, who has been seriously ill, has recovered sufficiently to resume attendance on the Queen. The rumor that he would retire led to much speculation as to his successor in that attendance. Sir E. H. Sieveking stands next to him in seniority, but the Queen would not necessarily choose the senior "Physician in Ordinary" to attend upon her. The actual emoluments of the post are not large, but it is naturally a passport to a lucrative type of plutocratic practice.

LONDON, April 29, 1889.

PARIS.

Changes in the Staffs of the London Hospitals—Sir Joseph Lister.—An Interesting Medico-Legal Point.—The Incandescent Lamp in Operative Surgery.—Improvements in Instruments.—Trephining Amongst the Amouchas.—Reasons for its Success.

After an absence of fourteen years, a visit to the hospitals of London reveals many changes in the *personnel* of their staffs. Hands which were then vigorous and firm have lost their precision, and eyes which were then clear and all-observing have grown dim. Many who were then at the zenith of their renown have since retired from the active pursuit of their profession or confine their practice to a favored few. Spencer Wells is no longer seen at the Soho Square Hospital for Women, where he accomplished such wonders in ovariectomy. Liebreich has long since retired from St. Thomas', and we hear no more of the one who gave his name to one of the earliest ophthalmoscopes. Bowman lives in retirement after years of usefulness and eminence at the Moorfield's Eye Hospital, from which also Critchett, the elder, has gone to join the great majority. Sir Morell MacKenzie makes but occasional visits to the Throat Hospital which he founded in Golden Square, and which is the monument to his lifetime labors.

One bright light shines at King's College Hospital, where Sir Joseph Lister, still in the height of his usefulness, operates one day in the week. I was an interested observer at a resection of a knee joint by him. The case was a typical one for antiseptics, or "Listerism," in its modified form. No sprays of any kind were used, nor was there any atomizing apparatus in the operating room. The cutting instruments had all been carefully washed in a solution of bichloride of mercury 1:500, the hands of the operator and assistants likewise, in solutions of 1:1000. All the linen, towels—everything, in fact, about the patient—had been thoroughly disinfected. A glass vessel, containing about a gallon of a solution, 1:1000, was hung about three feet above the level of the operating table, from which a rubber tube, terminating in a glass tip, conducted the solution with which the cut surfaces were irrigated as the operation progressed.

After the resection had been completed it was found that the tibia was extensively diseased beyond the section. Mr. Lister, therefore, deemed it expedient to amputate above the knee, which he at once proceeded to do, the patient—a young woman of about twenty—being still anesthetized and unaware of the change of the programme. Imagine her dismay

when she discovered that she had but one leg henceforth to go through life with, and it was difficult to convince her that the operation would sooner or later be a necessity. The case gave rise to an animated discussion as to the legal liability of a surgeon who, beginning an operation for the ostensible preservation of a limb, finishes by amputating it without consulting the patient. There is no doubt that some patients, even hospital patients, would, upon recovering consciousness, be prompted to send for their lawyer.

In London, where dense fogs prevail during most of the winter months, the question of illumination for operative purposes, has always been a serious one; this has been happily solved by the portable incandescent lamp and storage battery, which leaves absolutely nothing to be desired, and is even preferable for operations in limited areas or cavities to the brightest daylight.

I observed a few improvements worth mentioning, in surgical instruments; among them a forceps with two sharp serrated blades, for entirely removing the anterior portion of the lens capsule, in the operation for cataract. This is much better than the Daviel cystotome, which was formerly used for merely lacerating the capsule. The new laryngeal mirrors are oval. The MacKenzie tonsilotome has been much improved in its cutting properties, by making the blade pointed instead of round.

The winter just past has been an unusually severe one in Europe, and fogs of the blackest kind almost the daily rule in London during the months of November, December and January, which finally drove most of the strangers visiting there to seek a more hospitable climate. I turned my steps to Algeria where I accidentally came upon an interesting fact in connection with the practice of trephining the skull. This discovery, if it may be so called, adds but one more to the surgical procedures practised by barbarous or semi-barbarous people which we have been wont to believe are the outgrowth of the experiences and teachings of the most enlightened nations. There is, however, this difference: that the poor savage accomplishes, with the simplest and crudest of tools, that for which we require elaborate and expensive instruments. The operation in question is practised by a tribe of Arabs called the Amouchas, who inhabit a valley about eighty kilomètres to the south of Bougie, in the province of Constantine. They are quarrelsome in the extreme. Their meetings and discussions invariably end in a fight. The weapon they all carry is a short, stout stick, of hard wood, with a knotty end. From words they soon come to blows and in a short time one or more skulls are fractured. The services of the trephiner are then brought into requisition, who quickly removes the depressed portion of the skull, after which the belligerents repair to the Cadi, or native judge, before whom each accuses the other of a breach of the peace. The Cadi asks for the wounded, whose heads he carefully inspects, after which he passes judgment invariably in favor of the friends of the patient who has had the largest piece of skull removed. We were unable to form any estimate, among the living, of the number operated upon, but a visit to their cemetery, where the dead are buried, as all good Musselmén are, with their heads toward the holy city of Mecca, and over which is placed a large stone which defined the position of each body, greatly facilitated our researches. Of thirteen skulls unearthed *six* had been trephined. The piece of bone removed was square, varying in size from three-quarters of an inch to an inch and a quarter in diameter. The square aperture shows plainly that the operation is performed with a small flat saw, the shape of a segment of a circle. Their antipathy to strangers, especially unbelievers like ourselves, prevented me from procuring, or even seeing, one of the saws, or of witnessing the operation.

The frequency of this procedure among the people bespeaks its almost invariable success; it cannot be due to the skill of the operator, but must

come largely from their temperate and frugal habits. They are noted for their wonderful powers of endurance. Their food consists principally of rounded grains of cracked wheat, prepared as a dish called *kouss-kouss*, dried figs and dates. Their beverage is sheep or goats' milk. Alcoholic liquors are forbidden by their religion. The tribe numbers about 3000 persons; they inhabit large tents or temporarily built huts, and, though independent from, belong to the widely comprehensive family of Bedouins of the plains, so called to distinguish them from the Kabyles, who have fixed abodes among the mountains. They are extremely industrious, cultivate the soil systematically and intelligently, and are supposed to have descended from the ancient Gauls, who settled in the country during the Roman Empire.

A. P. WHITTELL.

PARIS, March 22, 1889.

REVIEWS AND NOTICES.

ON THE PREVENTIVE TREATMENT OF CALCULOUS DISEASES AND THE USE OF SOLVENT REMEDIES, by Sir Henry Thompson, M. B., F. R. C. S.; and SPRAINS, THEIR CONSEQUENCES AND TREATMENT, by W. Mansell Moullin, M. A., M. D. Wood's Medical and Surgical Monographs, Vol. II, No. 2. New York: Wm. Wood & Co.

Sir Henry Thompson has given to the world a valuable contribution upon a subject to which heretofore little attention has been paid. Positive assurance is given that we have the power to check the production of calculous matter at almost any stage of the complaint, and almost certainly to render it impossible, if proper treatment be adopted. This position is maintained by a most elaborate and logical argument, and full instructions are given regarding the management of cases where the calculous tendency exists. The paper will be read with much interest and profit. Dr. Moullin's monograph on sprains occupies about three-fourths of the volume, and will be found to be a most exhaustive treatise upon a well-worn but ever-important topic. Every possible phase of the subject has received pains-taking attention, and that portion which dwells upon the consequences of sprains deserves special mention.

A MANUAL OF INSTRUCTION IN THE PRINCIPLES OF PROMPT AID TO THE INJURED, DESIGNED FOR MILITARY AND CIVIL USE. By Alvah H. Doty, M. D. New York: D. Appleton & Co., pp. 224.

This little work is a hand-book of useful information for those who are interested in matters pertaining to the immediate relief of persons sick or injured. For the practitioner of medicine and surgery it contains little that is original or that is not fully discussed in ordinary text-books. The illustrations are excellent and will prove a valuable aid to such as may find the book useful.

TREATISE ON THE DISEASES OF WOMEN; for the use of students and practitioners. By Alexander J. C. Skene, M. D., Professor of Gynecology in the Long Island College Hospital, Brooklyn, N. Y. Formerly Professor of Gynecology in the New York Post-Graduate Medical School, etc., etc. With 251 engravings and 9 chromo-lithographs. New York: D. Appleton & Co., pp. xiv—966. Cloth, \$6.00; sheep, \$7.00.

Recent advances in gynecology have cleared the field into which Dr. Skene has entered with such universal welcome. His treatise covers the entire field of gynecology in a most satisfactory manner, and is equally valuable as a work of reference and as a text-book. Diseases of the bladder and urethra receive the attention to which their importance entitles.

them; 342 pages, a treatise of itself, being devoted to their consideration. Displacements of the uterus, the abuse of pessaries, electrolysis, and gynecology as related to insanity, in addition to the ordinary topics, receive equally thorough treatment. An extremely valuable feature of the work, especially to the student and junior practitioner, is the frequent report of illustrative cases which possess very largely the advantages of clinical experience itself. The work reflects the present condition of gynecology no less than the individuality of its author, and can be most conscientiously and heartily recommended to the profession at large.

ELECTRICITY IN THE DISEASES OF WOMEN, WITH SPECIAL REFERENCE TO THE APPLICATION OF STRONG CURRENTS. By G. Betton Massey, M. D., Physician to the Nervous Department of Howard Hospital, etc., etc. F. A. Davis, Publisher, Philadelphia and London, 1889.

This work of Dr. Massey marks an era in the teaching of electrotherapeutics as the milliampèremeter marks an era in the art. The numerous simple and easy experiments described by the author, and to be performed by the student, afford a better idea of the power and effects of electricity than words can possibly convey. For instance, any one who should carefully perform experiment II would be forever after incapable of producing a galvano-chemical eschar through the vagina into the bladder or rectum or the peritoneal cavity, a boon that long-suffering but still grateful woman will certainly appreciate. The book in every respect is a model, and no one who contemplates the use of electricity in the diseases of women can afford to be without it.

LESIONS OF THE VAGINA AND PELVIC FLOOR, WITH SPECIAL REFERENCE TO UTERINE AND VAGINAL PROLAPSE. By B. E. Hadra, M. D. Philadelphia: Records, McMullin & Co.

This study presents to us in an interesting form an excellent summary of our knowledge of the lesions in question, and their surgical treatment. Lesions of the perineum, perhaps, have had an unduly preponderating influence on our views of the pathology of uterine and vaginal displacements. The present work will serve to call renewed attention to other lesions more removed from observation, and hence more often overlooked and less easily appreciated.

BRIGHT'S DISEASE OF THE KIDNEY. By Alfred L. Loomis, M. D., LL. D., Professor of Pathology and Practice of Medicine, New York University Medical College, etc., etc. Physicians Leisure Library. Detroit: George S. Davis.

This volume is a concise though accurate review of the literature on the subject. Attempts to classify Bright's disease have always led to some confusion, notwithstanding our knowledge of the nephrites has made rapid advances during recent years by accurate histological studies of the kidney. A classification of all diseases from an anatomico-pathological standpoint is the only rational way of establishing medicine on a scientific basis. Bright, in 1831, first pointed out the pathological relations of renal changes to albuminuria and dropsy, although since then, in ordinary medical parlance, Bright's disease and albuminuria have been used as convertible terms. Notwithstanding the dangers threatening our medical technology by the employment of personal nomenclature, we have retained the term "Bright's disease," limiting by mutual consent its significance to an inflammation of the kidney. When the author includes the amyloid kidney as a form of Bright's disease, he avowedly commits an error which pathological anatomy will not tolerate. An amyloid affection is a degenerative, not an inflammatory, process, and while we admit that amyloid degeneration of the kidney may manifest itself clinically by most of the symptoms of Bright's disease, the same may be said of fatty degeneration, a more constant pathological lesion.

THE AMERICAN ARMAMENTARIUM CHIRURGICUM. New York: George Tiemann & Co.

This imperial octavo volume of 862 pages, and illustrated with over 3,400 engravings, while virtually a catalogue, goes far beyond any that have ever been issued by this or other surgical instrument makers. We have always regarded former editions of this work as the most complete of their kind, but in size and finish, as well as simplicity of arrangement, this eclipses all its predecessors. A great improvement is in the index. Instead of a table of contents and a price list, arranged by parts and in a confusing manner, there is in this volume but one index, combining everything and alphabetically arranged. Another innovation is the introduction of a large amount of reading matter, descriptive of operations and the instruments used therein. This has been taken from standard text-books and authors, and will aid materially in the selection of an instrument. The liberal illustrations, ample descriptions and prices attached, will enable the physician to choose the precise instrument which he desires, without fear of annoying blunders, and to those practising at a distance from large cities, this book is really a valuable acquisition. It fulfills a two-fold purpose: (1) In showing the instrument or apparatus that is available for any given case. (2) In providing a rapid and certain means of obtaining them. We understand that any physician can obtain a copy by remitting one dollar and paying mail or express charges.

WARNER'S THERAPEUTIC REFERENCE BOOK. Philadelphia: Wm. R. Warner & Co. Price, \$1.

This little book comprises a large number of formulas arranged under the heads of the diseases in which they are indicated. In most cases the names of the authors are given. A great deal of miscellaneous information, of a useful and practical character, is included. An interesting feature is a posological table, so arranged as to give the adult dose of the drug in both the apothecary's weight and in the metric system, as well as its physiological action.

MERCK'S INDEX OF FINE CHEMICALS AND DRUGS FOR THE MATERIA MEDICA AND THE ARTS. New York: E. Merck.

This unique publication is really an alphabetical list of almost every agent used in medicine and in the arts. A column containing the approximate market values of each in specified quantities is given, and blank columns for corrections or notes are also provided.

INTERNATIONAL POCKET MEDICAL FORMULARY, By C. Sumner With-
erstone, M. S., M. D., associate editor *Annual of the Universal Med-
ical Sciences*, etc. Philadelphia: F. A. Davis.

The avowed object of this manual is to furnish knowledge in a "crystalized" form. All the diseases that flesh is heir to are arranged alphabetically and referred to by means of a marginal index; and under each disease will be found a list of prescriptions containing remedies too numerous to mention. No reference is made to the therapeusis of the drug. While the book may be useful from a pharmaceutical point of view, by showing how the drugs may be administered in elegant combinations, it is decidedly pernicious to scientific or rational medicine, because, for every man that would consult the work for pharmaceutical purposes, fifty would look into it to find what they could "give" in some particular disease, and would immediately prescribe the remedy without any regard to the individuality of the patient, the type of the disease, or the physiological action of the agent. The use of such books as the one before us has done more than all the anti-vivisection cranks to retard the advance of therapeutics.

HAND-BOOK OF MATERIA MEDICA, PHARMACY, AND THERAPEUTICS.
By Cuthbert Bowen, B. A., M. D. Philadelphia: F. A. Davis.

This work is written chiefly for the use of students preparing for examination, and is not by any means intended to supplant the regular textbooks or add to their number. The physiological action, therapeutics, and pharmacy of each drug is briefly discussed in the form of questions and answers, so that it enables the student to recognize salient points and arrange the information that he has already acquired from reading or lectures, while it would be absolutely useless for mere purposes of "cram." We have great pleasure in recommending it, not only to our students but to the profession, who will find it to be an excellent *résumé* on the subject.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. Vol. I, No. 3; price, \$1. New York: Wm. Woods & Co.

The March number of this series contains material of more than usual interest. The volume consists of five articles: (1) Neurasthenia and its Treatment, by Dr. H. von Ziemssen; (2) Antipyresis and Antipyretic Methods of Treatment, by Dr. H. von Ziemssen; (3) The Tongue as an Indication of Disease, by Dr. W. H. Dickinson; (4) On the Treatment of Cystic Goitre, by T. M. Hovell, F. R. C. S.; (5) New Remedies from 1878 to 1888, by Dr. C. Cauquil. Any one of these treatises is worth the price of the volume.

EXPLORATION OF THE CHEST IN HEALTH AND DISEASE. By Stephen S. Burt, M. D., Professor of Clinical Medicine and Physical Diagnosis in the New York Post Graduate Medical School and Hospital; Physician to the Outdoor Department Bellevue Hospital. New York: D. Appleton & Co.

This little volume has been published by Dr. Burt in response to the wishes of his class, and is therefore written with the object of teaching kept constantly in view. The author has succeeded in producing a work that is thorough and at the same time readable, which is rather a rare combination in books of this class. He gives considerable attention to the normal anatomy and physiology of the thoracic viscera, and then clearly indicates the morbid changes that give rise to abnormal physical signs. The book will be found to be very useful, both by practitioner and student.

PAMPHLET NOTICES.

THE TREATMENT OF GLYCOSURIA. By Charles W. Purdy, M.D. [Reprinted from the Journal of the American Medical Association.]

Dr. Purdy's paper is a very clear and concise review of the management of diabetes, in which drugs are only regarded as of service in treating symptoms. He says: "Practically, the more completely we are able to eliminate the hydrocarbons from the food supply in glycosuria, the more completely will we be able to bring and hold the disease under control;" or, "the more completely we can supply the system with that which it can appropriate as nourishment, and, at the same time, the more completely we can eliminate that which is convertible into sugar." Regarding bread, he states that all the so-called diabetic flours, breads, etc., are loaded with hydrocarbons. The deprivation of this article of diet is met by the substitution of almond bread, which is absolutely free from starch. Milk, he believes, is useful only in the milder forms. It contains a considerable amount of sugar, and, in pronounced types of the disease, should be excluded. Amongst the animal foods, he excludes liver, oysters, and the insides of crabs and lobsters—all containing sugar. His strict diet includes meat, poultry, game and fish, with the prohibited exceptions, eggs, butter, cheese, cream, oil, and the green vegetables. In the matter of beverages, he makes practically no restrictions. Saccharin he regards as a most valuable and harmless agent. In placing patients upon this diet, the change should be very gradual. If sugar still appears in the urine, the diet must be made more strict, and finally, for a time, exclusively animal. Dr. Purdy mentions every drug that has been regarded as possessing some special influence in this disease, but none are recommended, as his main reliance is on careful dieting.

THE LACTOPEPTINE MEDICAL ANNUAL FOR 1889. New York: The New York Pharmaceutical Association.

This neat little pamphlet contains a variety of useful information; is illustrated with numerous engravings of prominent medical men, and three handsome chromolithographs of the digestive organs of the human body.

THE QUESTION OF INTERFERING WITH THE ABSCESSSES OF HIP DISEASE. By A. B. Judson, M. D. [Reprinted from the New York Medical Journal.]

Dr. Judson's paper is remarkable in being directly opposed to the general practice of modern surgery, and which has been made an almost invariable rule since the introduction of antiseptics. Practically it is the old treatment of this disease with greater attention to mechanical rest. He does not wish to be understood as assigning no value to the use of the knife in exceptional cases, but simply holds that, in the majority of abscesses of the hip joint, operative interference is useless. His reasons for these views are, briefly, that incision does not shorten the disease or relieve the pain, as it is only practised when the abscess has formed; then, if this is cold, there is no tension to relieve; if phlegmonous, it demands extensive and multiple incisions. If we operate we gain nothing unless *all* the diseased tissue is removed. In this event we do not neglect the best mechanical treatment and hygienic control which, if they are supplied, will bring about recovery without operation.

FIRST ANNUAL REPORT OF THE BOARD OF HEALTH OF THE CITY OF ALAMEDA. John P. McLean, M. D., Health Officer.

The Board of Health of this city consists of four laymen and one physician, who is the health officer, which rather reverses the usual order and surely the fitness of things. The Board has been organized since December, 1887, and the report shows that it has done good work. Alameda now derives its water supply from artesian wells, the old surface wells having been universally abandoned. Several instances are given of disease resulting from the use of a contaminated water supply, and examples of the process by which the water was polluted are mentioned. The dairies from which the milk supply of the city is obtained are in the disgraceful condition unfortunately so common to this industry; of 18 within the city limits, in 11 the water supplied to the cows and with which the pails, cans, etc., were washed, was derived from foul surface wells. Dr. McLean recommends that the artificial stone walks which are being extensively laid down should be tinted blue instead of the present dirty white color so trying to the eyes. He favors the planting of deciduous trees as providing shade in summer and allowing the free ingress of the sun's rays in winter. The doctor very properly alludes to the fact that the salary of the health officer, which has been fixed at a monthly stipend of \$25.00, is quite insufficient for the labor performed.

BOOKS AND PAMPHLETS RECEIVED.

On the Relation Between the General Practitioner and the Consultant or Specialist. By L. Duncan Bulkeley, M. D. [Reprinted from the *Journal of the American Medical Association*.]

Diseases of the Skin, Associated with Disorders of the Female Sexual Organs. By George H. Rohé, M. D. [Reprinted from the *Buffalo Medical and Surgical Journal*.]

The Method of Nursing Sick Children. By William A. Edwards, M. D. [Reprinted from the *Archives of Pediatrics*.]

Clinical Studies of the Pulse in Childhood. By William A. Edwards, M. D. [Reprinted from the *Archives of Pediatrics*.]

Pressure Forceps *versus* the Ligature and the Suture in Vaginal Hysterectomy. By E. C. Dudley, M. D. [Reprinted from the transactions of the American Gynecological Society.]

On Diabetes and its Connection with Heart Disease; by Jacques Meyer, M. D. Blenor-rhea of the Sexual Organs and its Complications; by Dr. Ernest Finger. Wood's Medical and Surgical Monographs, Vol. 2, No. 1. New York: William Wood & Co. Price, \$1.00.

An Address; delivered at the Opening of the Medical Department of Wooster University. By Albert R. Baker, M. D. [Reprinted from the *Cleveland Medical Gazette*.]

Pulmonary Tuberculosis; its Etiology, Symptomatology and Therapeutics. By Prof. Dr. H. von Ziemssen, Director of the Medical Clinic at Munich. Translated by David J. Doherty, M. A. M. D. Physician's Leisure Library. Detroit: George S. Davis. Cloth, 50 cents; paper, 25 cents.

Annual Announcement of Cooper Medical College, San Francisco; Session of 1889.

Announcement of the Seventeenth Annual Session of the California College of Pharmacy, San Francisco; Session of 1889.

The Cycle of Evolution of the Malaria-Parasite of Tertian Intermittent Fever. By Prof. Camillo Golgi. Translated and reviewed by John C. Spencer, M. D., San Francisco.

A Treatise on the Radical Cure of Hernia by the Use of the Buried Animal Suture. By Henry O. Marcy, M. A., M. D., LL. D., Surgeon to the Private Hospital for Women, Cambridge, etc. Physician's Leisure Library. Detroit: George S. Davis. Cloth, 50 cents; paper, 25 cents.

MEDICAL NEWS.**LICENTIATES OF THE BOARD OF EXAMINERS.**

At a special meeting of the Board of Examiners, held April 15, 1889, the following physicians were granted certificates to practise medicine and surgery in this State:

George Henry Aiken, Oakland; Coll. of Phys. and Surgs., New York City, March 1, '69.
 Henry Clay Reid, Mariposa; Kentucky School of Medicine, Ky., Jan. 30, '81.
 Joseph Rohling, San Francisco; University of Freiburg, Baden, Ger., April 4, '84.
 Charles J. Sechrist, Oakland; Jefferson Med. Coll., Penn., April 2, '83.
 J. Harvey Seymour, Rialto; Coll. Phys. and Surgs., New York City, May 15, '83.
 Mark S. Wade, San Francisco; Med. Coll. of Fort Wayne, Ind., March 2, '82.
 George F. Wells, Sanger; N.W. Med. Coll. of St. Joseph, Mo., Feb. 26, '89.

At the regular meeting held May 1, 1889, the following were granted certificates:

Josiah E. Cowles, Los Angeles; School of Med. of Univ. of Maryland, March 6, '80.
 James R. Daniel, Turlock; Missouri Med. College, Mo., March 6, '88.
 Anstruther Davidson, Los Angeles; Univ. of Glasgow, Scotland, Aug. 1, '81, July 28, '87.
 Thos. Davidson, Los Angeles; Univ. of Glasgow, Scotland, July 29, '80, July 28, '87.
 Ruth A. French, Chico; Woman's Med. College, Pa., March 16, '67.
 Luke A. Harcourt, Crescent City; Med. Dep. Univ. of Buffalo, N. Y., Feb. 25, '68.
 John T. McLean, San Francisco; Med. Dep. Univ. of California, Nov. 15, '87.
 Jarrot Laban Rollins, Auburn; Univ. of Missouri, June 7, '83.

CHAS. E. BLAKE, Secretary.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department of the U. S. Army (Division of the Pacific), from April 16th, 1889, to May 16th, 1889.

Leave of absence for one month is hereby granted Capt. Walter W. R. Fisher, Assistant Surgeon. S. O. 30, Dept. of Cal., April 27, 1889.

1st Lieut. Wm. P. Kendall, Assistant Surgeon, will be relieved from duty in the Dept. of Cal. after he shall have complied with the requirements of Par. 2, S. O. 29, April 24, 1889, and will then proceed to Fort D. A. Russell, Wyoming, for duty at that station. Par. 28, S. O. 104, A. G. O., May 6, 1889.

Capt. Paul R. Brown, Assistant Surgeon, is relieved from further duty in the Dept. of the Platte, and will proceed to Fort Thomas, Arizona, and report in person to the commanding officer of that post for duty. Par. 10, S. O. 105, A. G. O., May 7, 1889.

Leave of absence for six months, on surgeon's certificate of disability, is granted Capt. E. B. Moseley, Assistant Surgeon. Par. 6, S. O. 109, A. G. O., May 11, 1889.

Official List of Changes in the Medical Corps, U.S. Navy (Pacific Station), from April 20th to May 20th, 1889.

P. A. Surgeon L. G. Heneberger ordered to U. S. Naval Hospital, Mare Island, Cal., for treatment.

Assistant Surgeon G. B. Wilson detached from U. S. Naval Hospital, Mare Island, and ordered to U. S. S. "Thetis," at Tacoma, W. T.

P. A. Surgeon J. F. B. Cordeiro ordered to U. S. Naval Hospital, Mare Island, Cal.

ITEMS.

International Congress of Therapeutics and Materia Medica.—This Congress will be held in Paris August 1st to 5th, 1889, and is open to all physicians, pharmacists and veterinarians. It will be divided into two sections—materia medica and therapeutics. Several interesting questions have been proposed for discussion. All communications should be addressed to the Secretary-General, Dr. Bardet, 119 Rue Notre Dame-des-Champs, Paris.